

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 17 PM 2:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 425689

(7)

1. Corporation Name

CREST LAND COMPANY, INC.

Principal Place of Business

**C/O C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION FL 33324**

Mailing Address

**C/O C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/14/1973

3a. Date of Last Report

03/08/1994

4. FEI Number

16-1009768

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title of corporation)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	BIKSZA, Z WM.	269 KINVARA DR	PITTSBURGH PA
VT	WALKOWIAK, GERALD J	40 GRAND ISLAND BLVD.	TONAWANDA NY
S	LOOZE, GERALDINE	158 CULPEPPER RD	WMSVILLE NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	1 2 NAME	1 3 STREET ADDRESS	1 4 CITY - ST - ZIP	Change	Addition
2 1 TITLE	2 2 NAME	2 3 STREET ADDRESS	2 4 CITY - ST - ZIP	Change	Addition
3 1 TITLE	3 2 NAME	3 3 STREET ADDRESS	3 4 CITY - ST - ZIP	Change	Addition
4 1 TITLE	4 2 NAME	4 3 STREET ADDRESS	4 4 CITY - ST - ZIP	Change	Addition
5 1 TITLE	5 2 NAME	5 3 STREET ADDRESS	5 4 CITY - ST - ZIP	Change	Addition
6 1 TITLE	6 2 NAME	6 3 STREET ADDRESS	6 4 CITY - ST - ZIP	Change	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.10.95

716.668.4992

Date

Telephone Number