

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 621310 (2)

1. Corporation Name
CRAWFORD-TRACEY CORP.

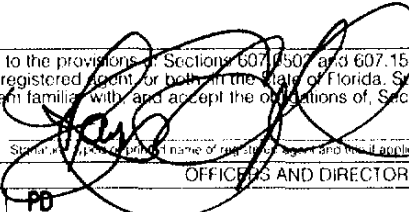
Principal Place of Business 3301 SW 13TH DR DEERFIELD BCH FL 33442-5108	Mailing Address 3301 SW 13TH DR DEERFIELD BCH FL 33442-8108
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1979	3a. Date of Last Report 04/23/1996
21		26		4. FEI Number 59-1972454	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent TRACEY, STEVEN G. 8755 S.W. 51 PLACE COOPER CITY FL 33328				10. Name and Address of New Registered Agent			
				81 Name	CRAWFORD, RAYMOND E.		
				82 Street Address (P.O. Box Number is Not Acceptable)	3301 SW 13TH DR.		
				83			
				84 City	DEERFIELD BEACH	FL	85 Zip Code 33442

11. Pursuant to the provisions of Sections 607.0507 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  RAYMOND E. CRAWFORD 1/9/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRACEY, STEVEN G.			1.2 NAME			
STREET ADDRESS	3301 SW 13TH DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAWFORD, NINA L			2.2 NAME			
STREET ADDRESS	3301 SW 13TH DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAWFORD, RAYMOND E.			3.2 NAME			
STREET ADDRESS	3301 SW 13TH DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAWFORD, ROLAND			4.2 NAME			
STREET ADDRESS	3301 SW 13TH DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL			4.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATTHEWS, CHRISTOPHER			5.2 NAME			
STREET ADDRESS	3301 SW 13TH DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAWFORD, ROBIN			6.2 NAME			
STREET ADDRESS	3301 SW 13TH DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  CHRISTOPHER MATTHEWS, J.P. 1/9/97 454-648-6888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)