

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

FILED

Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 33442-5108
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1972454	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Zip		

9. Name and Address of Current Registered Agent CRAWFORD, RAYMOND E. 3301 SW 13TH DRIVE DEERFIELD BEACH FL 33442				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

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input type="checkbox"/> DELETE		1.1 TITLE	<input 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	PD	<input type="checkbox"/> DELETE		3.1 TITLE	<input 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	S.	<input type="checkbox"/> DELETE		4.1 TITLE	<input 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 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:  REQUIRED

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