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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 621310

CRAWFORD-TRACEY CORP.

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90008 015 ***150.00



Principal Place of Business Mailing Address						
3301 SW 13TH DR DEERFIELD BCH FL 33442-5108		3301 SW 13TH DR DEERFIELD BCH FL 33442-5108			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					05/09/1979	
	· · ·	a. Moiling Address			4. FEI Number Applied For	
2. Principal Place of Business		2a. Mailing Address				
21		Suite, Apt. #, etc.			59-1972454 Not Applicable \$8.75 Additional	
Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required	
City & State		City & State			a Flortion Comparing Financing \$5.00 May Bo	
-		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	v	This corporation owes the current year Intangible	
-	25	29 30	_	•	Personal Property Tax.	
24	9. Name and Address of Current				10. Name and Address of New Registered Agent	
			8	1 Name	9	
CRAWFORD, RAYMOND E			-	82 Street Address (P.O. Box Number is Not Acceptable)		
3301 SW 13TH DRIVE			*	Street	Address (F.O. Box Number is Not Acceptable)	
DEEF	RFIELD BEACH FL 33442		8	3		
			8	4 City	■■ 85 Zip Code	
					FL 12 24 0 0 0 0	
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State on In familiar with, and accept the obligate	of Florida. Such change was auth	iorized b	y tne corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
	ir iarimai viiti, and accept the beinger	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	gistered Ag	ent signature re	e required when reinstating) DATE	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Τ	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	TRACEY, STEVEN G.		1.2 NAME			
STREET ADDRESS	3301 SW 13TH DR		1.3 STRE	ET ADDRESS	s	
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY-	ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	CRAWFORD, NINA L		2.2 NAME	.		
STREET ADDRESS	3301 SW 13TH DR		2.3 STRE	ET ADDRESS	s	
CITY-ST-ZIP	DEERFIELD BEACH FL		2. 4 CITY	-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	CRAWFORD, RAYMOND E.		3.2 NAME	•		
STREET ADDRESS	3301 SW 13TH DR		3.3 STRE	ETADORESS	s	
CITY-ST-ZIP	DEERFIELD BEACH FL		3.4. CITY			
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	CRAWFORD, ROLAND		4. 2 NAM	E		
STREET ADDRESS	3301 SW 13TH DR		4.3 STRE	ET ADDRESS	ıs	
CITY-ST-ZIP	DEERFIELD BEACH FL		4.4 CITY	ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE	I	Change Addition	
NAME	MATTHEWS, CHRISTOPHER		5.2 NAMI	I		
STREET ADDRESS	3301 SW 13TH DR			ET ADDRESS (s .	
CITY-ST-ZIP	DEERFIELD BEACH FL		5.4 CITY			
TITLE	VP	☐ DELETE			☐ Change ☐ Addition	
NAME	CRAWFORD, ROBIN		6.2 NAME	•	•	
STREET ADDRESS	3301 SW 13TH DR		6.3 STRE	ET ADDRESS	ıs İ	
CITY+ST-ZIP	DEERFIELD BEACH PL		6.4 CITY	ST-ZIP		

CITY+ST-ZIP oligical with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information imental annual pepp is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an me receive or trisspe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information sup-indicated on this annual report of super-officer or director of the corporation of Block 12 or Block 13 if changed, a cons, with all other like empowered.

SIGNATURE: