

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 APR 23 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 689106 (3)
1. Corporation Name
CROW, TERWILLIGER AND SPEICHER, INC.



Principal Place of Business: **6400 CONGRESS AVE SUITE 2000 BOCA RATON FL 33487**
Mailing Address: **6400 CONGRESS AVE SUITE 2000 BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **717 N. Henwood**
22 **1200**
23 **Dallas, Tx**
24 **75201** 25 **USA**
2a. Mailing Address
26 **717 N. Henwood**
27 **1200**
28 **Dallas, Tx**
29 **75201** 30 **USA**

3. Date Incorporated or Qualified: **09/25/1980**
4. FEI Number: **59-2041110**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**FISH, DEBORAH L.
6400 CONGRESS AVENUE
STE 2000
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent
81 Name: **Corporation Service Company**
82 Street Address (P.O. Box Number is Not Acceptable): **1201 Hays Street**
83
84 City: **Tallahassee** 85 Zip Code: **FL 32301**

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.
Karen B. Rozar, As Its Agent

SIGNATURE: *[Signature]* DATE: **4-22-98**

12. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	TERWILLIGER, J RONALD	
STREET ADDRESS	2859 PACES FERRY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	TVS	<input checked="" type="checkbox"/> DELETE
NAME	BRYANT, BRAD	
STREET ADDRESS	6400 CONGRESS	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	FISH, DEBORAH	
STREET ADDRESS	6400 CONGRESS	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WHEELER, CHRIS	
STREET ADDRESS	6400 CONGRESS	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	IGLEHART, GREG	
STREET ADDRESS	6400 CONGRESS AVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Terwilliger, J. Ronald	
1.3 STREET ADDRESS	2859 Paces Ferry	
1.4 CITY-ST-ZIP	Atlanta GA	
2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Steinhardt, Shari	
2.3 STREET ADDRESS	6400 Congress Ave., Ste. 1000	
2.4 CITY-ST-ZIP	Boca Raton, FL 33487	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *[Signature]* DATE: **3/30/98** **561997-9700**

CR2E034 (10/97)