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

PROFIT CORPORATION ANNUAL REPORT



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

1996

101

CRESCENT S RANCH, INC.												
rincipal Place of	Business	Ma	ailing Address					4 10041E @1990 10100 1	foliat aniat seati			
RT 1. BOX 1268. BURBANK RD C/O ROBERT G. SOMMER  RT 1. BOX 1268. BURBANK RD C/O ROBERT G. SOMMER												
ANTHONY FL	, 32617		ANTHONY FL 32617				3. Date Incorporated or C	Qualified	3a. Date of Last Report			
					<del></del>			07/21/1981		'	04/27/1	
. Principal Place I	of Business	2a. 26	Mailing Address					4. FEI Number NOT APPLI	CABLE		<b>⊢</b> +-	Applied For Not Applicab
Suite, Apt. #, €	etc.	- 201	Suite, Apt. #, etc	C.				5. Certificate of Status D				Additional
		27			<del></del>							Required
City & State		_	City & State					6. Election Campaign Fin Trust Fund Contribution	-			May Be I to Fees
<u> </u> - <i>Z</i> ір	Country	28	Zip		Country			This corporation has to		langible ta		
2.47	[25]	29	4-14-2	30	-1 ·			Florida Statutes	☐ Yes	□No		
	9. Name and Address of Currer	nt Regis	tered Agent			. ———		10. Name and Address	of New Re	gistered /	Agent	
					81	Name						
SOMMER, ROBERT G.					82	Street	Addres	ess (P.O. Box Number is Not Acceptable)				
	OX 1268, BURBANK ROAD		-		83							
ANIHUR	NY FL 32617					,					T11 7.	A: 3-
					84	City				FL	85   Z <sub>i</sub> r	o Code
or registered familiar with, KGNATURE	i agent, or both, in the State of Flori and accept the obligations of, Sect	rida. Such stion 607.	n change was aut .0505, Florida Sta	thorized by atutes.	y the corpo	oration	board		for the purpoi of the appoil	numeni as	registered	agent. I am
or registered familiar with, IGNATURF Sig	i agent, or both, in the State of Flori and accept the obligations of, Sect plature, typeo or printed raine of registereo agent OFFICERS AN	rida, Such stion 607.	n change was aut 0505, Florida Sta applicable CTORS	thorized by atutes.	og stered Agen	oration	board	tion submits this stalement for directors. I hereby acception of directors and the d	or the appoir	DATE DERS AND	DIRECTO	PRS IN 12
or registered familiar with, siGNATURF	i agent, or both, in the State of Flori and accept the obligations of, Sect plature, typeo or printed learne of registereo agent OFFICERS AN	rida, Such stion 607.	n change was aut 0505, Florida Stat applicable	thorized by atutes.	og stered Agen  13. 1.1 THILE	oration	board	of directors. I hereby acception when reinstating:	or the appoir	DATE DERS AND	registered	agent. ram
or registered familiar with, IGNATURF Stg.  2.  1th	i agent, or both, in the State of Flori and accept the obligations of, Sect yearer, types or printed raine of registeres agen OFFICERS AN DP SOMMER, ROBERT G	rida, Such stion 607.	n change was aut 0505, Florida Sta applicable CTORS	thorized by atutes.	ng stered Agon  13. 1.1 THILE 1.2 NAME	oration :	board	of directors. I hereby acception when reinstating:	or the appoir	DATE DERS AND	DIRECTO	PRS IN 12
or registered familiar with, IGNATURF Style 2.  11.15  11.15  14.	i agent, or both, in the State of Flori and accept the obligations of, Sect priore, types or printed rame of registered agent OFFICERS AN DP SOMMER, ROBERT G RT 1 BOX 1268	rida, Such stion 607.	n change was aut 0505, Florida Sta applicable CTORS	thorized by atutes.	og stered Agen  13. 1.1 THILE	oration s	board	of directors. I hereby acception when reinstating:	or the appoir	DATE DERS AND	DIRECTO	PRS IN 12
or registered familiar with, IGNATURF 2. ILF  AME  IREET ADDRESS  ITY-ST-ZIP	i agent, or both, in the State of Flori and accept the obligations of, Sect yearer, types or printed raine of registeres agen OFFICERS AN DP SOMMER, ROBERT G	rida, Such stion 607.	n change was aut 0505, Florida Sta applicable CTORS	(NOTE Re	ogstered Agen  13. 1.1 THLE 1.2 NAME 1.3 STREFT	oration s	board	of directors. I hereby acception when reinstating:	or the appoir	DATE DERS AND	DIRECTO	PRS IN 12
or registered familiar with, IKGNATURF  2.  ILF  AME  IREET ADDRESS  ITY-ST-ZIP  ILF	i agent, or both, in the State of Flori and accept the obligations of, Sect priore, types or printed rame of registered agent OFFICERS AN DP SOMMER, ROBERT G RT 1 BOX 1268	rida, Such stion 607.	n change was aut 0505, Florida Sta ayricatila CTORS	(NOTE Re	og stered Agen  13. 1.1 TITLE 1.2 NAME 1.3 STREFT 1.4 CITY - S	oration s	board	of directors. I hereby acception directors.	or the appoir	DATE DERS AND	DIRECTO	PRS IN 12
or registered familiar with, IGNATURE Sty  2. ILLE AME IMEET ADDRESS LY-S1-ZIP LLE AME	i agent, or both, in the State of Flori and accept the obligations of, Sect priore, types or printed rame of registered agent OFFICERS AN DP SOMMER, ROBERT G RT 1 BOX 1268	rida, Such stion 607.	n change was aut 0505, Florida Sta ayricatila CTORS	(NOTE Re	cg stered Agen  13. 1.1 TITLE 1.2 NAME 1.3 STREFT 1.4 CITY - S 2.1 TITLE 2.2 NAME 2.3 STREET	oration s signature ADDRESS L-ZIP	board	of directors. I hereby acception directors.	or the appoir	DATE DERS AND	DIRECTO	PRS IN 12
or registered familiar with, ikGNATURF  2.  1LF  AME  IHEEL ADDRESS  ILY - S1 - ZIP  THEEL ADDRESS  ITY - S1 - ZIP  THEEL ADDRESS  ITY - S1 - ZIP	i agent, or both, in the State of Flori and accept the obligations of, Sect priore, types or printed rame of registered agent OFFICERS AN DP SOMMER, ROBERT G RT 1 BOX 1268	rida, Such stion 607.	n change was aut 0505, Florida Sta epricable CTORS DELETE	(NOTE FIG	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	oration s signature ADDRESS L-ZIP	board	of directors. I hereby acception directors.	or the appoir	DATE  CATE  CERS AND  [	DIRECTO	PS IN 12 Additio
or registered familiar with, signature system of the signature system of the signature of t	i agent, or both, in the State of Flori and accept the obligations of, Sect priore, types or printed rame of registered agent OFFICERS AN DP SOMMER, ROBERT G RT 1 BOX 1268	rida, Such stion 607.	n change was aut 0505, Florida Sta ayricatila CTORS	(NOTE FIG	cg stered Agen  13. 1.1 TITLE 1.2 NAME 1.3 STREFT 1.4 CITY - S 2.1 TITLE 2.2 NAME 2.3 STREET	oration s signature ADDRESS L-ZIP	board	of directors. I hereby acception directors.	or the appoir	DATE  CATE  CERS AND  [	DIRFECTO Change	PS IN 12 Additio
or registered familiar with, signature separate	i agent, or both, in the State of Flori and accept the obligations of, Sect priore, types or printed rame of registered agent OFFICERS AN DP SOMMER, ROBERT G RT 1 BOX 1268	rida, Such stion 607.	n change was aut 0505, Florida Sta epricable CTORS DELETE	(NOTE FIG	13. 1.1 THLE 12 NAME 13 STREFT 14 CHY-S 2 1 THLE 22 NAME 23 STREFT 24 CHY-S 3 1 THLE	oration s at signifure ADDRESS ST-ZIP ADDRESS ST-ZIP	required	of directors. I hereby acception directors.	or the appoir	DATE  CATE  CERS AND  [	DIRFECTO Change	PRS IN 12
or registered familiar with, SIGNATURE Sq. 22.  THE AME THEET ADDRESS THY-ST-ZIP THEET ADDRESS CHY-ST-ZIP THE ADDRE	i agent, or both, in the State of Flori and accept the obligations of, Sect priore, types or printed rame of registered agent OFFICERS AN DP SOMMER, ROBERT G RT 1 BOX 1268	rida, Such stion 607.	n change was aut 0505, Florida Sta  Byricable DTORS DELETE	(NOTE RG	13. 1.1 THLE 12 NAME 13 STREFT 14 CHY-S 2 1 THLE 22 NAME 23 STREFT 24 CHY-S 3 1 THLE 32 NAME 33 STREET	oration s at signature ADDRESS ST-ZIP ADDRESS ST-ZIP	required	of directors. I hereby acception directors.	or the appoir	DATE  CERS AND  C	DIFFECTO Change Change	Additio
or registered familiar with, SIGNATURE SQ.  2.  PLE AME THEET ADDRESS THY-ST-ZIP THE THEET ADDRESS THY-ST-ZIP THE THEET ADDRESS THY-ST-ZIP THE THEET ADDRESS THY-ST-ZIP	i agent, or both, in the State of Flori and accept the obligations of, Sect priore, types or printed rame of registered agent OFFICERS AN DP SOMMER, ROBERT G RT 1 BOX 1268	rida, Such stion 607.	n change was aut 0505, Florida Sta epricable CTORS DELETE	(NOTE RG	13. 1.1 THLE 12 NAME 13 STREFT 14 CITY-S 2 1 THLE 22 NAME 23 STREET 24 CITY-S 3 1 THLE 32 NAME 33 STREET 34 CITY-S 4 THLE	oration s at signature ADDRESS ST-ZIP ADDRESS ST-ZIP	required	of directors. I hereby acception directors.	or the appoir	DATE  CERS AND  C	DIRFECTO Change	Additio
or registered familiar with, IRANATURE Sep  2. ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME	i agent, or both, in the State of Flori and accept the obligations of, Sect priore, types or printed rame of registered agent OFFICERS AN DP SOMMER, ROBERT G RT 1 BOX 1268	rida, Such stion 607.	n change was aut 0505, Florida Sta  Byricable DTORS DELETE	(NOTE RG	13. 1.1 THLE 12 NAME 13 STREFT 14 CHY-S 2 1 THLE 22 NAME 23 STREET 24 CHY-S 3 1 THLE 32 NAME 33 STREET 34 CHY-S 4 1 THLE 42 NAME	address Addres	required	of directors. I hereby acception directors.	or the appoir	DATE  CERS AND  C	DIFFECTO Change Change	PRS IN 12 Addition Addition
or registered familiar with, IGNATURE Sep 2.  ILLE AME IMEET ADDRESS 114-ST-ZIP THE ADDRESS 114-ST-ZIP THE AME IMEET ADDRESS 115-ST-ZIP THE AME	i agent, or both, in the State of Flori and accept the obligations of, Sect priore, types or printed rame of registered agent OFFICERS AN DP SOMMER, ROBERT G RT 1 BOX 1268	rida, Such stion 607.	n change was aut 0505, Florida Sta  Byricable DTORS DELETE	(NOTE RG	13. 1.1 TITLE 12 NAME 13 STREFT 14 CITY - S 2 1 TITLE 22 NAME 23 STREET 24 CITY - S 3 1 TITLE 32 NAME 33 STREET 4 CITY - S 4 1 TITLE 42 NAME 43 STREET	at signature  ADDRESS ST-ZIP  1 ADDRESS ST-ZIP  1 ADDRESS ST-ZIP	required	of directors. I hereby acception directors.	or the appoir	DATE  CERS AND  C	DIFFECTO Change Change	PRS IN 12 Addition Addition
or registered familiar with, IGNATURE Square	i agent, or both, in the State of Flori and accept the obligations of, Sect priore, types or printed rame of registered agent OFFICERS AN DP SOMMER, ROBERT G RT 1 BOX 1268	rida, Such stion 607.	n change was aut 0505, Florida Sta  augicatio  CTORS  DELETE  DELETE	(NOTE Re	13. 1.1 TITLE 12 NAME 13 STREET 14 CITY - S 2 1 TITLE 22 NAME 23 STREET 24 CITY - S 3 1 TITLE 32 NAME 33 STREET 34 CITY - S 4 1 TITLE 42 NAME 43 STREET	at signature  ADDRESS ST-ZIP  1 ADDRESS ST-ZIP  1 ADDRESS ST-ZIP	required	of directors. I hereby acception directors.	or the appoir	DATE DERS AND	DIFFECTO Change Change	Additio
or registered familiar with, IGNATURE September 1 Sept	i agent, or both, in the State of Flori and accept the obligations of, Sect priore, types or printed rame of registered agent OFFICERS AN DP SOMMER, ROBERT G RT 1 BOX 1268	rida, Such stion 607.	n change was aut 0505, Florida Sta  Byricable DTORS DELETE	(NOTE Re	13. 1.1 TITLE 12 NAME 13 STREFT 14 CITY - S 2 1 TITLE 22 NAME 23 STREET 24 CITY - S 3 1 TITLE 32 NAME 33 STREET 4 CITY - S 4 1 TITLE 42 NAME 43 STREET	at signature  ADDRESS ST-ZIP  1 ADDRESS ST-ZIP  1 ADDRESS ST-ZIP  1 ADDRESS ST-ZIP	required	of directors. I hereby acception directors.	or the appoir	DATE DERS AND	DIFFECTO Change Change Change	Additio
or registered familiar with, GNATURE September 1 ADDRESS 1Y-S1-ZIP ILE AME 1 ADDRESS 1HY-S1-ZIP ILE AME 1 ADDRESS 1HY-S1-ZIP ILE AME	i agent, or both, in the State of Flori and accept the obligations of, Sect priore, types or printed rame of registered agent OFFICERS AN DP SOMMER, ROBERT G RT 1 BOX 1268	rida, Such stion 607.	n change was aut 0505, Florida Sta  augicatio  CTORS  DELETE  DELETE	(NOTE Re	13. 1.1 TITLE 12 NAME 13 STREFT 14 CITY - S 2 1 TITLE 22 NAME 23 STREET 24 CITY - S 3 1 TITLE 32 NAME 33 STREET 44 CITY - S 4 1 TITLE 42 NAME 43 STREET 44 CITY - S 5 1 TITLE	at signatures  ADDRESS SI - ZIP  I ADDRESS SI - ZIP  I ADDRESS SI - ZIP  I ADDRESS SI - ZIP	required	of directors. I hereby acception when reinstating:	or the appoir	DATE DERS AND	DIFFECTO Change Change Change	Additio
or registered familiar with, IGNATURE September 1 ADDRESS 19-ST-ZIP THE AME IMEET ADDRESS 19-ST-ZIP THE AME IMEET ADDRESS 119-ST-ZIP THE AME	i agent, or both, in the State of Flori and accept the obligations of, Sect priore, types or printed rame of registered agent OFFICERS AN DP SOMMER, ROBERT G RT 1 BOX 1268	rida, Such stion 607.	n change was aut 0505, Florida Sta  augicatio  CTORS  DELETE  DELETE	(NOTE Re	13. 1.1 TITLE 12 NAME 13 STREFT 14 CITY-S 2 1 TITLE 22 NAME 23 STREFT 24 CITY-S 3 1 TITLE 32 NAME 33 STREET 44 CITY-S 4 1 TITLE 42 NAME 43 STREET 44 CITY-S 5 1 TITLE 52 NAME	at signatures  ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP	required	of directors. I hereby acception when reinstating:	or the appoir	DATE	DIFFECTO Change Change Change	RS IN 12 Additio
or registered familiar with, SIGNATURE SIGNATU	i agent, or both, in the State of Flori and accept the obligations of, Sect priore, types or printed rame of registered agent OFFICERS AN DP SOMMER, ROBERT G RT 1 BOX 1268	rida, Such stion 607.	n change was aut 0505, Florida Sta  augicatio  CTORS  DELETE  DELETE	(NOTE Re	13. 1.1 TITLE 12 NAME 13 STREET 14 CITY-S 2 1 TITLE 22 NAME 23 STREET 24 CITY-S 31 TITLE 32 NAME 33 STREET 44 CITY-S 5.1 TITLE 42 NAME 43 STREET 44 CITY-S 5.1 TITLE 52 NAME	at signatures  ADDRESS SI-ZIP  I ADDRESS SI-ZIP  I ADDRESS SI-ZIP  I ADDRESS SI-ZIP  I ADDRESS SI-ZIP	required	of directors. I hereby acception when reinstating:	or the appoir	DATE	DIFFECTO Change Change Change	PS IN 12 Additio
or registered familiar with, SIGNATURE S. SI	i agent, or both, in the State of Flori and accept the obligations of, Sect priore, types or printed rame of registered agent OFFICERS AN DP SOMMER, ROBERT G RT 1 BOX 1268	rida, Such stion 607.	Change was aut OGOS, Florida Sta  Bythcathe CTORS  DELETE  DELETE  DELETE	(NOTE Re	13. 1.1 TITLE 12 NAME 13 STREET 14 CITY-S 2 1 TITLE 22 NAME 23 STREET 24 CITY-S 3.1 TITLE 32 NAME 33 STREET 44 CITY-S 5.1 TITLE 52 NAME 53 STREET 54 CITY-S 6.1 TITLE 52 NAME	at signatures  ADDRESS ST-ZIP  I ADDRESS ST-ZIP	required	of directors. I hereby acception when reinstating:	or the appoir	DATE	DIFFECTO Change Change Change	RS IN 12 Additio
or registered familiar with, SIGNATURE	i agent, or both, in the State of Flori and accept the obligations of, Sect priore, types or printed rame of registered agent OFFICERS AN DP SOMMER, ROBERT G RT 1 BOX 1268	rida, Such stion 607.	Change was aut OGOS, Florida Sta  Bythcathe CTORS  DELETE  DELETE  DELETE	(NOTE Re	13. 1.1 TITLE 12 NAME 13 STREET 14 CITY-S 2 1 TITLE 22 NAME 23 STREET 24 CITY-S 31 TITLE 32 NAME 33 STREET 44 CITY-S 5.1 TITLE 42 NAME 43 STREET 44 CITY-S 5.1 TITLE 52 NAME 53 STREET 54 CITY-S	ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	required	of directors. I hereby acception when reinstating:	or the appoir	DATE	DIFFECTO Change Change Change	RS IN 12 Additio

SIGNATURE: SIGNATURE AND

904/6225608