

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 744691 (7)  
1. Corporation Name  
CREST ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business Mailing Address  
% EDITH BERMAN  
2886 FERNLEY DR. E. #60  
W PALM BEACH FL 33415  
% EDITH BERMAN  
2886 FERNLEY DR. E. #60  
W PALM BEACH FL 33415

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 10/24/1978 3a. Date of Last Report 03/01/1995  
4. FEI Number 59-1851940 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

EDITH BERMAN  
2886 FERNLEY DR E 60  
WEST PALM BEACH FL 33415

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE Edith Berman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

July 1, 1996  
DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE  
NAME WORDEN, LINDEN  
STREET ADDRESS 2811H ASHLEY DR. E.  
CITY-ST-ZIP W PALM BCH, FL 00000  
TITLE ASD DELETE  
NAME DOSRFMAN, LEONA  
STREET ADDRESS 2824 CROSLY DR., W.  
CITY-ST-ZIP W PALM BEACH, FL 00000  
TITLE PD DELETE  
NAME STERN, HAROLD  
STREET ADDRESS 5443-E CRESTHAVEN BLVD  
CITY-ST-ZIP W PALM BEACH, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  
BROOK, SYLVIA  
2681-13 BARKLEY DR. W.  
W PALM BEACH, FL. 33415  
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 1, 1996 - (40) 968-2207  
Date Daytime Phone #