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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified	10/24/1978
4. FEI Number	59-1851940
Applied For	Not Applicable

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 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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

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
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 Mar. 24, 1998
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	BROOK, SYLVIA	1.2 NAME	Philip Berman
STREET ADDRESS	2881 BARKLEY DR W	1.3 STREET ADDRESS	2715-B Dudley Dr. W.
CITY-ST-ZIP	W PALM BCH, FL 00000	1.4 CITY-ST-ZIP	West Palm Beach, Fl. 33415
TITLE	ASD	2.1 TITLE	
NAME	DOSRFMAN, LEONA	2.2 NAME	
STREET ADDRESS	2824 CROSLY DR. W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	STERN, HAROLD	3.2 NAME	
STREET ADDRESS	8443-E CRESTHAVEN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MERER, FRANK	4.2 NAME	
STREET ADDRESS	2775 DUDLEY DRM WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WORDEN, LINDEN	5.2 NAME	
STREET ADDRESS	2811-H ASHLEY DR E	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, in the attachment with my address.

SIGNATURE: Edith Berman Mar. 24, 1998
SIGNATURE REQUIRED

CR2E037 (10/97)