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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 744691					
1. Corporation Name CREST ASSOCIATION OF RETIRED PERSONS, INC.					
Principal Place of Business % EDITH BERMAN 2886 FERNLEY DR. E. #60 W PALM BEACH FL 33415			Mailing Address % EDITH BERMAN 2886 FERNLEY DR. E. #60 W PALM BEACH FL 33415		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/24/1978 4. FEI Number 59-1851940 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	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE B VP <input type="checkbox"/> DELETE NAME BERMAN, PHILIP STREET ADDRESS 2715-B DUDLEY DR W CITY-ST-ZIP W PALM BCH, FL 00000 33415			1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME KRILL, AGNES 1.3 STREET ADDRESS 2650-B BARKLEY Dr. E. 1.4 CITY-ST-ZIP WEST PALM BCH., FL. 33415		
TITLE ASD <input type="checkbox"/> DELETE NAME DOORFMAN, LEONA STREET ADDRESS 2824 CROSLY DR., W. CITY-ST-ZIP W PALM BEACH, FL 00000			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE PD <input type="checkbox"/> DELETE NAME STERN, HAROLD STREET ADDRESS 5443-E CRESTHAVEN BLVD CITY-ST-ZIP W PALM BEACH, FL 00000			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> DELETE NAME MERER, FRANK STREET ADDRESS 2775 DUDLEY DRM WEST CITY-ST-ZIP W PALM BCH, FL 00000			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME WORDEN, LINDEN STREET ADDRESS 2811-H ASHLEY DR E CITY-ST-ZIP W PALM BEACH FL			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 20, 1999

Date

Daytime Phone #

CR2E037 (1/98)