

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F16660** (5)
1. Corporation Name
JACKSONVILLE CRAWDADDY CORPORATION



Principal Place of Business 4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807	Mailing Address 4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/29/1981	
21		26		4. FEI Number 95-3566746	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301				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 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMAHON, JUDITH	1.2 NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALLICHET, CECILIA	2.2 NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALLICHET, DAVID C JR	3.2 NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	3.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYSE, BOB D.	4.2 NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALLICHET, CECILIA	5.2 NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cecilia Tallichet D.P.* **CECILIA TALLICHET 714-579-3900**
2-25-98

CR2E034 (10/97)