

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # F35860

(8)

1. Corporation Name

CRUME & ASSOCIATES, INC.

Principal Place of Business

**2801 PONCE DE LEON BLVD
#1140
CORAL GABLES FL 33134
US**

Mailing Address

**2801 PONCE DE LEON BLVD
#1140
CORAL GABLES FL 33134
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**CRUME, JOHN
1025 ALMERIA AVENUE
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified
05/21/1981

3a. Date of Last Report
06/14/1995

4. FEI Number
59-2098824

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

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 607.0702 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 607.0705, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent for the corporation

Signature of the person who is the president or secretary of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	CRUME, BARBARA J	
STREET ADDRESS	1025 ALMERIA AVENUE	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	DC	☐ DELETE
NAME	CRUME, JOHN F	
STREET ADDRESS	1025 ALMERIA AVENUE	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. NAME	
6. STREET ADDRESS	
7. CITY-STATE-ZIP	☐ Change ☐ Addition
8. NAME	
9. STREET ADDRESS	
10. CITY-STATE-ZIP	☐ Change ☐ Addition
11. NAME	
12. STREET ADDRESS	
13. CITY-STATE-ZIP	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied in 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 trustee or a 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 in my official title with an addition.

SIGNATURE: **Barbara J. Crume, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96

(305) 444-7200

CR2E034 (12/95)