


1-24-97 B-0697 C
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Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33134-8900 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
g. Name and Address of Current Registered Agent CRUME, JOHN 1025 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name Crume, Michael F. 82 Street Address (P.O. Box Number is Not Acceptable) 2801 Ponce De Leon Blvd 83 Suite 1140 84 City Coral Gables FL 85 Zip Code 33134	
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 <u>Michael F. Crume</u> 1-17-97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE DP NAME CRUME, BARBARA J STREET ADDRESS 1025 ALMERIA AVENUE CITY-ST-ZIP CORAL GABLES FL TITLE DC NAME CRUME, JOHN F STREET ADDRESS 1025 ALMERIA AVENUE CITY-ST-ZIP CORAL GABLES FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 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 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: <u>John F. Crume</u> 1-17-97 305-444-7201 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



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