

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F69983
1. Corporation Name

CRAZY HORSE PROPERTIES INC

Principal Place of Business: 3773 CENTRAL AVE STE A155 ST PETERSBURG FL 33713
Mailing Address: 3773 CENTRAL AVE STE A155 ST PETERSBURG FL 33713

3. Date Incorporated or Qualified: 03/08/1982
3a. Date of Last Report: 05/26/1994
4. FEI Number: 59-2189585
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip, Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip, Country
24 Zip, Country; 25 Zip, Country; 29 Zip, Country; 30 Zip, Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINEBRENNER, JACK M
3773 CENTRAL AVE
ST PETERSBURG FL 33713

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	D	<input type="checkbox"/> DELETE
NAME	RUSSELL, LAWRENCE, III	
STREET ADDRESS	2837 TOBACCO RD	
CITY-ST-ZIP	HEPHZIBAH GA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JACOBSON, BEN	
STREET ADDRESS	2851 TOBACCO RD	
CITY-ST-ZIP	HEPHZIBAH GA	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	JACOBSON, MARY	
STREET ADDRESS	2851 TOBACCO RD	
CITY-ST-ZIP	HEPHZIBAH GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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	

200001835832
-05/23/96--01003--043
***200.00

300001835838
-05/23/96--01003--044
***25.00

5-22-96

14. I do hereby certify that the information supplied with 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 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: Lawrence Russell III LAWRENCE RUSSELL III 15 May 96 Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)