


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F94000003233 (3)**

1. Corporation Name  
**CRANBROOK, INC. A VIRGINIA CORPORATION**



Principal Place of Business <b>2 EATON ST., SUITE 1100 HAMPTON VA 23669</b>	Mailing Address <b>2 EATON ST., SUITE 1100 HAMPTON VA 23669</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/20/1994</b>		3a. Date of Last Report <b>04/16/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>54-1722701</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDC	<input type="checkbox"/> DELETE	1.1 TITLE	Director, Chairman	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOSEPH, EDWIN A		1.2 NAME				
STREET ADDRESS	2 EATON ST., #1100		1.3 STREET ADDRESS				
CITY-ST-ZIP	HAMPTON VA 23669		1.4 CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ALLEN, KENNETH L.		2.2 NAME				
STREET ADDRESS	2 EATON ST, STE 1100		2.3 STREET ADDRESS				
CITY-ST-ZIP	HAMPTON VA		2.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BYRNE, JOSEPH P.		3.2 NAME				
STREET ADDRESS	2 EATON ST, STE 1100		3.3 STREET ADDRESS				
CITY-ST-ZIP	HAMPTON VA		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	Aubrey L. Layne, Jr.			
STREET ADDRESS			4.3 STREET ADDRESS	2 Eaton Street, Suite 1100			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Hampton, Virginia 23669			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			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 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

Joseph P. Byrne, Comptroller July 21, 1997 (757) 896-840

CR2E034 (4/97)

PC  
7-28

800002254878  
-08/01/97--01023--047  
\*\*\*550.00