

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

FILED
Mar 25 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 # **F96000005339 (4)**

1. Corporation Name
FLORIDA-CRC CORP.

Principal Place of Business
**17 W. PENNSYLVANIA AVE
TOWSON MD 21204**

Mailing Address
**17 W. PENNSYLVANIA AVE
TOWSON MD 21204**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/15/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-0738521	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CRONIN, DENNIS P ESQ BOND, SCHOENECK & KING, P.A. 1167 THIRD ST S. NAPLES FL 34102-7098				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

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	CP <input type="checkbox"/> DELETE	1.1 TITLE	CPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUETKEMEYER, JOHN A JR	1.2 NAME	John A Luetkemeyer, Jr.
STREET ADDRESS	17 W. PENNSYLVANIA AVE	1.3 STREET ADDRESS	17 West Pennsylvania Ave.
CITY-ST-ZIP	TOWSON MD 21204	1.4 CITY-ST-ZIP	Towson MD 21204
TITLE	VCV <input type="checkbox"/> DELETE	2.1 TITLE	CVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAPIRO, J. MARK	2.2 NAME	J. Mark Schapiro
STREET ADDRESS	17 W. PENNSYLVANIA AVE	2.3 STREET ADDRESS	17 West Pennsylvania Ave.
CITY-ST-ZIP	TOWSON MD 21204	2.4 CITY-ST-ZIP	Towson MD 21204
TITLE	VST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSS, PAUL	3.2 NAME	William H. Kinnear, Jr.
STREET ADDRESS	17 W. PENNSYLVANIA AVE	3.3 STREET ADDRESS	17 W. Pennsylvania Ave.
CITY-ST-ZIP	TOWSON MD 21204	3.4 CITY-ST-ZIP	Towson MD 21204
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEF, LAWRENCE G	4.2 NAME	
STREET ADDRESS	17 W. PENNSYLVANIA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TOWSON MD 21204	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAPIRO, J.M.	5.2 NAME	
STREET ADDRESS	17 W. PENNSYLVANIA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TOWSON MD 21204	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: *11:00 9/19* *to William H. Kinnear, Jr. 214 W. 4th St. Towson MD 21204*

CR2E034 (10/97)