

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90054 050 \*\*\*150.00

DOCUMENT # F97000002486

1. Corporation Name

CROCKER PARTNERS, INC.

Principal Place of Business  
433 PLAZA REAL, SUITE 335  
BOCA RATON FL 33432

Mailing Address  
433 PLAZA REAL, SUITE 335  
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1997

4. FEI Number

65-0725365

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

GRAGG, K. LAWRENCE  
WHITE & CASE  
200 S. BISCAYNE BLVD, SUITE 4900  
MIAMI FL 33131

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

TITLE CP ☐ DELETE  
NAME CROCKER, THOMAS J  
STREET ADDRESS 433 PLAZA REAL, SUITE 335  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE V ☐ DELETE  
NAME ACKERMAN, RICHARD S  
STREET ADDRESS 433 PLAZA REAL, SUITE 335  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ST ☐ DELETE  
NAME ONISKO, ROBERT E  
STREET ADDRESS 433 PLAZA REAL, SUITE 335  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE VAS ☐ DELETE  
NAME CUNNINGHAM, DREW S  
STREET ADDRESS 433 PLAZA REAL, SUITE 335  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE VAS ☐ DELETE  
NAME BECKER, CHRISTOPHER L  
STREET ADDRESS 433 PLAZA REAL, SUITE 335  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE VAS ☐ DELETE  
NAME AMARA, TODD J  
STREET ADDRESS 433 PLAZA REAL, SUITE 335  
CITY-ST-ZIP BOCA RATON FL 33432

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99  
Date

(361) 395-9666  
Daytime Phone #

0039475

CR2E034 (11/98)