PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000000083

1. Corporation Name CR COM CO.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90140 027 ***150.00



Mailing Address Principal Place of Business 2444 SOLOMONS ISLAND RD., STE. 202 2444 SOLOMONS ISLAND RD., STE. 202 ANNAPOLIS MD 21401 ANNAPOLIS MD 21401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/06/1998 4. FEI Number Applied For 2a. Mailing Address Principal Place of Business 52-2049163 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip This corporation owes the current year Intangible Zip ☐ Yes □No Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HAYES, ROY E JR. 82 Street Address (P.O. Box Number is Not Acceptable) 110 STATE ROAD 419, STE. A WINTER SPRINGS FL 32708 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ Change CP ☐ DELETE 1.1 TITLE TITLE NAME HAYES, ROY E JR. 1.2 NAME 2444 SOLOMONS ISLAND RD., STE. 202 1.3 STREET ADDRESS STREET ADDRESS ANNAPOLIS MD 21401 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TTTLE TITLE O'BRIEN, MICHAEL S 2.2 NAME NAME 2444 SOLOMONS ISLAND RD., STE. 202 2.3 STREET ADDRESS STREET ADDRES ANNAPOLIS MD 21401 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF □ DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY+ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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, on attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: By:

CITY-ST-ZIP

ons, Inc. VR President RED IT NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)