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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F98000007064**

1. Corporation Name

CRAWFORD FIRST EDUCATION, INC.

Principal Place of Business

Mailing Address

**240 CORPORATE BOULEVARD
NORFOLK VA 23502**

**240 CORPORATE BOULEVARD
NORFOLK VA 23502**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30
9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 terminating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE P [] DELETE

NAME **IRBY, EDWARD C JR**

STREET ADDRESS **240 CORPORATE BOULEVARD**

CITY-ST-ZIP **NORFOLK VA 23502**

TITLE V [] DELETE

NAME **TURNER, WILLIAM E III**

STREET ADDRESS **240 CORPORATE BOULEVARD**

CITY-ST-ZIP **NORFOLK VA 23502**

TITLE S [] DELETE

NAME **NUSS, GLORIA J**

STREET ADDRESS **240 CORPORATE BOULEVARD**

CITY-ST-ZIP **NORFOLK VA 23502**

TITLE T [] DELETE

NAME **MCCARTHY, TIMOTHY D**

STREET ADDRESS **240 CORPORATE BOULEVARD**

CITY-ST-ZIP **NORFOLK VA 23502**

TITLE CD [] DELETE

NAME **DOZORETZ, RONALD I MD**

STREET ADDRESS **240 CORPORATE BOULEVARD**

CITY-ST-ZIP **NORFOLK VA 23502**

TITLE [] DELETE

NAME

STREET ADDRESS

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:

Edward C. Irby
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Edward C. Irby

(757) 459-5200

NOV 22 11:10:58

SECRETARY OF STATE
DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1998

4. FEI Number

54-1521601

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 [X] No

10. Name and Address of New Registered Agent

4000002823054--4
-03/30/99--01029--007
******150.00 ****150.00**

VP
Lenard J. Lexier, M.D.
240 Corporate Blvd.
Norfolk, VA 23502

CR2E034 (11/98)