

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G75138 (9)**

1. Corporation Name
CRESCO REALTY, INC.



Principal Place of Business Mailing Address
C/O BARBARA A. GROVER 2555 N. COURTENAY PARKWAY, SUITE 27 MERRITT ISLAND FL 32953-1146
C/O BARBARA A. GROVER 2555 N. COURTENAY PARKWAY, SUITE 27 MERRITT ISLAND FL 32953-1146

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

3. Date Incorporated or Qualified **12/16/1983** 3a. Date of Last Report **04/11/1995**
4. FEI Number **59-2335938** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

GROVER, BARBARA A.
2555 N. COURTENAY PARKWAY
SUITE 27
MERRITT ISLAND FL 32953

81 Name **MICHAEL B. BROWN**
82 Street Address (P.O. Box Number is Not Acceptable) **2555 N. COURTENAY PARKWAY**
83 **SUITE 27**
84 City **MERRITT ISLAND, FL** 85 Zip Code **32953**

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 *Michael B Brown*
Signature typed or printed name of registered agent and official capacity

DATE **3/25/96**

12. OFFICERS AND DIRECTORS

1. TITLE **PSD** DELETE
2. NAME **GROVER, BARBARA A.**
3. STREET ADDRESS **2555 N. COURTENAY PKWY.**
4. CITY-ST-ZIP **MERRITT ISLAND FL**
5. TITLE DELETE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE DELETE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE DELETE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **PSD** Change Addition
2. NAME **BROWN, MICHAEL B.**
3. STREET ADDRESS **2555 N. COURTENAY PKWY. STE. 27**
4. CITY-ST-ZIP **MERRITT ISLAND, FL. 32953**
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Michael B Brown* MICHAEL B. BROWN 3/25/96 407-453-0020
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Date) Phone #

CR2E034 (12/95)