SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 9:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **H42069** **(5)**

1. Corporation Name
CRESTVIEW DEVELOPMENT COMPANY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~146 W. SYBELIA AVE~~ ~~P.O. BOX 1423~~ ~~GOLDENROD FL 32733~~	146 W. SYBELIA AVE. ~~P.O. BOX 1423~~ P.O. Box 98671 ~~GOLDENROD FL 32733~~ TA Coma WA 98498

3. Date Incorporated or Qualified: 02/08/1985
3a. Date of Last Report: 05/20/1994
4. FEI Number: 59-2501078 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1733 N. Colonial Dr.	26 P.O. Box 98671
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Orlando Fl.	28 City & State: Tacoma, WA
24 Zip: 32804 25 Country: USA	29 Zip: 98498 30 Country: USA

9. Name and Address of Current Registered Agent

TOURSAL, ELEONORE
7119 EASTER ST
WINTER PARK FL 32792

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	☐ Change ☐ Addition
NAME	TOURSAL, ELEONORE	1.2 NAME	
STREET ADDRESS	7119 EASTER ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	PORTUESE, PAUL	2.2 NAME	
STREET ADDRESS	733 W. COLONIAL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☒ Change ☐ Addition
NAME	~~MORGAN, MIKE~~	3.2 NAME	John Vandenberg
STREET ADDRESS	~~7119 EASTER ST~~	3.3 STREET ADDRESS	7119 Easter Street
CITY-ST-ZIP	~~WINTER PARK FL~~	3.4 CITY-ST-ZIP	Winter Park Fl.
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Eleonore Toursal Vice President 6/29/95 851-5565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102103 FP