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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 14 1997 8:00am

Secretary of State

Daytime Phone #

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J52435

(1)

CROLAND & CO., INC.

SIGNATURE:

Principal Place of Business		Mailing Address					4 TEMITIE BERL BERLIN (STELL MINER WEREN AL	il Biğil Şiğil Ə	INNIK MIRKI MINII	Baller Halde	
% SAMUEL A. CROLAND 5686 WILLOW CREEK LANE DELRAY BEACH FL 33484		% SAMUEL A. CROLAND 5686 WILLOW CREEK LANE DELRAY BEACH FL 33484-6925									
								3. Date Incorporated or Qualified 3a. Date of Last Report 01/15/1987 02/20/1996			
2. Principal Place of Business			2a. Mailing Address					4. FEI Number			plied For
Suite, Apt. #, etc		.,,	26				••••	<b>13-5563505</b> Not Appli			
			Suite, Apt. #, etc.					5. Certificate of Status Desired Section Secti			
City & State			City & :	State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip	Country		Zφ		Co	untry		8. This corporation has liability fo	r intangible	tax under s	. 199.032,
1	25		29		30				Yes [		
	9. Name and Addres	s of Current I	Registered A	gent	*******	12.1		10. Name and Address of New R	egistered /	Agent	
	LAND, SAMUEL A.					81	Name				
5686 WILLOW CREEK LANE DELRAY BEACH FL 33484						82	Street Addr	reet Address (P.O. Box Number is Not Acceptable)			
		•				83					
						84	City		FL	11'	Code
11. Pursuant to	о ше ргомаюна ог осов		Clorida Such	a change was	authorize	and have	the cornorat	ion's board of directors. I hereby according	ept the app	ointment as	registered
	o the provisions of Section of Sec	A POPE	A Star	<u> </u>				ed when reinstating)	DATE	<del>2</del> - 2	11/
SIGNATURE	olgnature, typod or printer namo	A POPE	and Title If applicab	<u> </u>		ed Agen			DATE	- 2	77/
SIGNATURE	olgosture, typicd or printer name. OF	ol registered agent a FICERS AND I	and Title If applicab	<u> </u>	TE Registere	ed Agen		ed when reinstating)	DATE	- 2	777
SIGNATURE 12.	Of D CROLAND, SAMUEL	of registered agent a FICERS AND I	and Title If applicab	(NOT	TE Registere	ed Agen		ed when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE / 12. DITLE NAME	OF D CROLAND, SAMUEI 5686 WILLOW CREI	of registered agent a FICERS AND I	and Title If applicab	(NOT	13. 1.1 T	Agen ITLE		ed when reinstating)	DATE	DIRECTO	RS IN 12
BIGNATURE  12.  DITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D CROLAND, SAMUEI 5686 WILLOW CREI DELRAY BEACH FL	of registered agent a FICERS AND I	and Title If applicab	DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C	ITLE AME STREET A	t signature requir	ed when reinstating)	DATE	D DIRECTOI	RS IN 12
SIGNATURE  12.  DITLE  NAME  STREET ADDRESS  CITY-ST-2IP  HILE	D CROLAND, SAMUEI 5686 WILLOW CREI DELRAY BEACH FL	FICERS AND I	and Title If applicab	(NOT	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T	ITLE AME STREET A	t signature requir	ed when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE  12.  DITLE NAME  STREET ADDRESS CITY-ST-ZIP  UITLE NAME	D CROLAND, SAMUEI 5686 WILLOW CREI DELRAY BEACH FL D CROLAND, JEANNE	ol registed agent a FICERS AND I	and Title If applicab	DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	TILE IAME STREET A STY-ST TILE NAME	t signature requir	ed when reinstating)	DATE	D DIRECTOI	RS IN 12
SIGNATURE  12.  DITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D CROLAND, SAMUEI 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI	ol registed agent a FICERS AND I	and Title If applicab	DELETE	18. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S	TILE TAME STREET A STREET A TILE TAME STREET A STREET A	LODRESS -ZIP	ed when reinstating)	DATE	D DIRECTOI	RS IN 12
SIGNATURE  12.  DITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROLAND, SAMUEI 5686 WILLOW CREI DELRAY BEACH FL D CROLAND, JEANNE	ol registed agent a FICERS AND I	and Title If applicab	☐ DELETE	13. 1.1 1 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S 2.4 4 C	TILE IAME STREET A STY-ST TILE IAME CTY-ST CTY-ST	LODRESS -ZIP	ed when reinstating)	DATE	D DIRECTOI  Change  Change	RS IN 12 Addition
SIGNATURE  12.  ITTLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE	D CROLAND, SAMUEI 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI	ol registed agent a FICERS AND I	and Title If applicab	DELETE	13. 1.11 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S 2.4 C 3.1 T	ITLE IAME STREET A CITY-ST TILE VAME CITY-ST CITY-ST	LODRESS -ZIP	ed when reinstating)	DATE	D DIRECTOI	RS IN 12
SIGNATURE  12.  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP  IIILE  NAME  NAME  NAME	D CROLAND, SAMUEI 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI	ol registed agent a FICERS AND I	and Title If applicab	☐ DELETE	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S 2.4 C 3.1 T 3.2 M	TILE  IAME STREET A  CITY-ST  TILE  NAME CITY-ST  TILE  LAME	LODRESS -ZIP ADDRESS 1-ZIP	ed when reinstating)	DATE	D DIRECTOI  Change  Change	RS IN 12 Addition
SIGNATURE  12.  111.  111.  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	D CROLAND, SAMUEI 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI	ol registed agent a FICERS AND I	and Title If applicab	☐ DELETE	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S 2.4 C 3.1 T 3.2 M 3.3 S	TILE  HAME STREET A  CITY-ST  TILE  HAME STREET A  CITY-ST  TILE  LAME  LAME LAME  LAME LAME LAME LAME	ADDRESS -ZIP ADDRESSZIP	ed when reinstating)	DATE	D DIRECTOI  Change  Change	RS IN 12 Addition
SIGNATURE  12.  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D CROLAND, SAMUEI 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI	ol registed agent a FICERS AND I	and Title If applicab	☐ DELETE	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S 2.4 C 3.1 T 3.2 M 3.3 S	ITLE ITLE STREET A	ADDRESS -ZIP ADDRESSZIP	ed when reinstating)	DATE	D DIRECTOI  Change  Change	RS IN 12 Addition
SIGNATURE  12.  11.  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE	D CROLAND, SAMUEI 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI	ol registed agent a FICERS AND I	and Title If applicab	DELETE  DELETE  DELETE	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S 2.4 C 3.1 T 3.2 M 3.3 S 3.4 C 4.1 T 4.	ITLE ITLE STREET A	ADDRESS -ZIP ADDRESSZIP	ed when reinstating)	DATE	D DIRECTOI  Change  Change	RS IN 12 Addition Addition
SIGNATURE  12.  DITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D CROLAND, SAMUEI 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI	ol registed agent a FICERS AND I	and Title If applicab	DELETE  DELETE  DELETE	13. 1.1 1 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S 2.4 C 3.1 T 3.2 M 3.3 S 3.4 C 4.1 T 4.2 C 4.2 C 5.2 C 5.	TITLE  JAME  STREET A  STR	ADDRESS -ZIP ADDRESSZIP	ed when reinstating)	DATE	D DIRECTOI  Change  Change	RS IN 12 Addition Addition
SIGNATURE  12.  DITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D CROLAND, SAMUEI 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI	ol registed agent a FICERS AND I	and Title If applicab	DELETE  DELETE  DELETE	13. 1.1 I 1.2 M 1.3 S 1.4 C 2.1 I 2.2 M 2.3 S 2.4 C 3.1 I 3.2 M 3.3 S 3.4 C 4.1 I 4.2 I 4.3 S	TITLE  JAME  STREET A  STR	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP	ed when reinstating)	DATE	D DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE  12.  DITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROLAND, SAMUEI 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI	ol registed agent a FICERS AND I	and Title If applicab	DELETE  DELETE  DELETE	13. 1.1 I 1.2 M 1.3 S 1.4 C 2.1 I 2.2 M 2.3 S 2.4 C 3.1 I 3.2 M 3.3 S 3.4 C 4.1 I 4.2 I 4.3 S	ITLE JAME STREET A	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP	ed when reinstating)	DATE	D DIRECTOI  Change  Change	RS IN 12 Addition Addition
SIGNATURE  12.  ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE	D CROLAND, SAMUEI 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI	ol registed agent a FICERS AND I	and Title If applicab	DELETE  DELETE  DELETE	13. 1.1 I 1.2 M 1.3 S 1.4 C 2.1 I 2.2 M 2.3 S 2.4 (	ITLE JAME STREET A	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP	ed when reinstating)	DATE	D DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE  12.  ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME	D CROLAND, SAMUEI 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI	ol registed agent a FICERS AND I	and Title If applicab	DELETE  DELETE  DELETE	13. 1.1 I 1.2 M 1.3 S 1.4 C 2.1 I 2.2 M 2.3 S 2.4 C 3.1 I 3.2 M 3.3 S 3.4 C 4.1 I 4.2 C 4.3 S 4.4 C 5.1 I 5.2 M 5.2 M 5.1 I 5.2 M 5.	ITLE JAME STREET A	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP	ed when reinstating)	DATE	D DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE  112.  111.  1	D CROLAND, SAMUEI 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI	ol registed agent a FICERS AND I	and Title If applicab	DELETE  DELETE  DELETE  DELETE	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S 2.4 (	ITLE JAME STREET A ST	ADDRESS - ZIP	ed when reinstating)	DATE	D DIRECTOI Change Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D CROLAND, SAMUEI 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI	ol registed agent a FICERS AND I	and Title If applicab	DELETE  DELETE  DELETE	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S 2.4 C 3.1 T 3.2 M 3.4 C 4.1 T 4.2 C 4.3 S 4.4 C 5.1 T 5.2 M 5.3 S 5.4 C 6.1 T	ITLE JAME STREET A ST	ADDRESS - ZIP	ed when reinstating)	DATE	D DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	D CROLAND, SAMUEI 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI	ol registed agent a FICERS AND I	and Title If applicab	DELETE  DELETE  DELETE  DELETE	13 1.1 1.2 M. 1.3 S 1.4 C 2.1 T 2.2 M. 2.3 S 2.4 C 3.1 T 3.2 M. 3.3 S 3.4 C 4.1 T 4.2 C 4.3 S 4.4 C 5.1 T 5.2 M 5.3 S 5.4 C 6.1 T 6.2 M 6.	ITLE JAME STREET A ST	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ed when reinstating)	DATE	D DIRECTOI Change Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D CROLAND, SAMUEI 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI D CROLAND, JEANNE 5686 WILLOW CREI	ol registed agent a FICERS AND I	and Title If applicab	DELETE  DELETE  DELETE  DELETE	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S 2.4 C 3.1 T 3.2 M 3.3 S 3.4 C 4.1 T 4.2 C 4.3 S 4.4 C 5.1 T 5.2 M 5.3 S 5.4 C 6.1 T 6.2 M 6.3 S	ITLE JAME STREET A ST	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ed when reinstating)	DATE	D DIRECTOI Change Change Change Change	RS IN 12 Addition Addition Addition Addition