Applied For

\$8.75 Additional

Fee Required

\$5:00 May Be

Added to Fees

Not Applicable

.... FILING FEE AFTER MAY 1ST IS \$550.00

OFIT 'ORATION JAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

SUMENT # J53239

CREST, INC.

Mailing Address

Principal Place of Business 2903 CHELSEA WOODS DR. VALRICO FL 33594

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

2903 CHELSEA WOODS DR. VALRICO FL 33594

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90071 026 ***150.00

| TO A STATE OF THE |
|---|
| DO NOT WRITE IN THIS SPACE |
| Date Incorporated or Qualifed |
| 01/20/1987 |

3.

4. FEI Number

59-2763529

5. Certifcate of Status Desired

6. Election Campaign Financing

| 23 | | 28 | | | | Trust Fund Contribution | Added to | Fees | |
|---|---|---------|-------------|-----------------------|---|---|-----------|--------------|--|
| Zip | Country | | Zip Country | | | 8. This corporation owes the current year | | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | | □No | |
| Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Register | red Agent | | |
| WEINSTEIN, NEAL 601 EAST TWIGGS STREET TAMPA FL 33602 | | | | 81 | Name | | | | |
| | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | 83 | | | | | |
| | | | | 84 | 0.4 | | 85 Zip C | ode | |
| | | | | | City | | -L | | |
| 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 reinstating) DATE | | | | | | | | | |
| | Signature, typed or printed name of registered agent OFFICERS AND | | | 13. | · -Anerga sadas | ADDITIONS/CHANGES TO OFFICERS | | RS IN 12 | |
| 12. | PD | , DIIVE | □ DELETE | 1,1 TITLE | | ABBITOROLO INTOCO TO OTT TOCO | ☐ Change | Addition | |
| NAME | ADAM. ROSEMARIE | | _ | 12 NAME | | | | 1 | |
| STREET ADDRESS | 2903 CHELSEA WOODS DR. | | | 1.3 STREET | ADDRESS | | | ļ | |
| CITY-ST-ZIP | VALRICO FL | | | 1.4 CITY-S | T-ZIP | | | | |
| TITLE | D | | ☐ DELETE | 2.1 TITLE | | | Change | ☐ Addition { | |
| NAME | DEMARTELL, HENRI | | | 2.2 NAME | | | | | |
| STREET ADDRESS | 2933 CHELSEA WOODS DR. | | | 2.3 STREET | ADDRESS | | | ĺ | |
| CITY-ST-ZIP | VALRICO FL | | | 2.4 CITY-5 | iT-ZIP | | | TT Addition | |
| TITLE | D | | ☐ DELETE | 3.1 TITLE | ļ | | ☐ Change | ☐ Addition | |
| NAME | adam, donald a. | | | 3.2 NAME | | | | | |
| STREET ADDRESS | 18542 BEACHMONT AVENUE | | | 3.3 STREET | TADORESS | | | } | |
| CITY-ST-ZIP | SANTA ANA CA | | | 3.4. CITY-S | T-ZIP | | C 01 | [Addition | |
| TITLE | D | | ☐ DELETE | 4.1 TITLE | | | Change | ☐ Addition | |
| NAME | ADAM, BEVERLY | | | 4 2 NAME | | | | | |
| STREET ADDRESS | 18542 BEACHMONT AVENUE | | | 4.3 STREE | | | | | |
| CITY-ST-ZIP | SANTA ANA CA | | □ DELETE | 4.4 CITY-S | T-ZIP | | Change | Addition | |
| TITLE | | | ☐ DELETÉ | 5.1 TITLE 5.2 NAME | 1 | | □ onange | | |
| NAME | | | | 5.3 STREET | r ADDDECC | | | | |
| STREET ADDRESS | | | | 5.4 CITY-S | | | | İ | |
| CITY-ST-ZIP | | | ☐ DELETE | 6.1 TITLE | 1-215 | L Aller | ☐ Change | Addition | |
| TITLE | | | | 6.2 NAME | | | | | |
| NAME | | | | 6.3 STREET | T ADDRESS | | • | ļ | |
| STREET ADDRESS | | | | 6.4 CITY-S | | | | | |
| CITY-ST-ZIP | | | | 6,4 CH 1-S | 1-210 | | | | |

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 angular 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 comporation 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 ghanged, or on an attachment with an address, with all other like empowered.

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