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

PROFIT -• CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED

Apr 29 1997 8:00am Secretary of State

	1997	7 Can 12		DIVISION OF	CORPOR	ATI	ONS	Secretary of State	
DOCU	IMENT	# 57273.	2 (7)			:		
1. Corporati	or Name	CR E ASSOCI	ATES	S. JUC.					
#1.	2. DW	ILS BUP.							
J 3	/3 2240 10250	EL. 34104							
Principal Pla			Mailin	ng Address					
2	20 24	VIS BLVD.		•					
		= L 34104							
N H	PLEST							3. Date Incorporated or Qualified 3a. Date of Last Report	
2. Pencipa l			2a. Ma	ailing Address			*************	4. FEI Number 1 (2) Applied For	
21 2373 DAVIS BLUD . 26 Suite April #, etc.								65-0193062 Not Applicable	
22 S.P.U. April	I#, etα		27	ine, Apr. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & Sta				ty & State			·	Election Campaign Financing \$5.00 May Be	
23 FLO	21014	FL Country	28					Trust Fund Contribution Added to Fees	
		<u> </u>	Zip	р	Cou	ntry	i	8. This corporation has liability for intangible tax under s. 199.032,	
24 34/0		and Address of Curren	29	ad Acant	30		·	Fiorida Statutes Yes No 10. Name and Address of New Registered Agent	
	S. Italiic	and Address of Curren	Hogistore	ed Agent		B1	Name	ID. Halino and Address of Hear Registered Agent	
A, 5	. DAK	E				00	Charles A	(DO Double of Market State Company)	
.937	3 DAU	PAUS PLUD. FL 34/04 provisions of Sections 607 0502 and 607, 1508, Florida Statutes, th			82	Street Ac	eet Address (P.O. Box Number is Not Acceptable)		
		•				83			
NAPLES, FL 34104						84	City	ly 85 Zip Code	
							<u></u>	<u> </u>	
Soft octor	requetered as	nent or both in the State.	of Florida !	Such channe was	s authoriza	n by	v the corno	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
¶ugent Li		th, and accept the obliga	itions of, Se	ection 607.0505, f	Florida Stat	utes	8.		
SIGNATURE	Excitating types	to printed name of registered ager	rl and little if apr	picable (N	O1E Registered	Age	ent signature re	quired when renstating) DATE	
12.		OFFICERS AND	DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
THE DIP	A.S.	DARR		[_] DELETE	1.170			Change Addition	
NAMI	0 3 27	DAVIS BLUD			1.2 N/				
STRICT ALJERTS	J	PLES, FL 3					r address St-Zip		
UN SI 70	1		,,,,,	DELETE	2.1 70		SI-ZIF	Change Addition	
NAME		DARR			2.2 NA	ME			
SIMPLE MEDICAL	1	S. KEBLEY.			23 ST	REET	T ADDRESS		
t IY SU ZIE	CH	KASO, IL 6	6607	/	2 4 C	ITY-S	ST-7IP		
Title: 🇩		SKRIVAN		DELETE	3 1 TI		· #	Change Addition	
NAM			31.10		3.2 NA		1000000		
STEDEL MEDBERS - Ortho St. 780	25/3	O HICKORY B ITA SPRIUSS	52035				T ADDRESS ST - ZIP		
1.71	1200	ITH STRIUSS	100	DELETE	4.1 10		31-211	Change Addition	
NAME					4. 2 N	AME			
PER HIGGA 1999/12	1				4.3 ST	REET	ADORESS	/	
043 St 76	ļ						ST - ZIP		
UH				DELETE	5.1 TI	-	ļ	L_i Charge L_i Addition	
NAME					5.2 NA		ADDRESS	Ah Ill polon	
\$1400 ACORESS (015 - 51 -70)					1		ST-ZIP	## / 4/4/9/ J	
Teef	1			DELETE	6170		21 - 4.11	☐ Change ☐ Addition	
RWA.					6.2 N/	ME		500002162765 -05/02/9701001009 ***165.00	
Parit Mark					63 ST	REET	ADDRESS	-05/02/9701001009	
t In 51 all]				6 4 C)				
informati	on indicated.	on this annual report or s	upplementa	al annual report is	true and e	CCL	urate and th	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the nat my signature shall have the same legal effect as if made under oath; tha	
		ector of the corporation or or Block 13 if changed, or				xec	oute this rep	port as required by Chapter 607, Florida Statutes; and that my name	

4. A. Claud

B.S. DARK

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR