PROFIT CORPORATION ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 08 1997 8:00a Secretary of State			
CRESCE Principal Place /O DAVID W. O. BOX 2003			ON ss Williams	6-2003				
S		US			3. Date incorporated or Qualifi 06/19/1987		Date of Last R 2/13/1996	eport
2. Principal Piace of Business 1 Suite, Apt. #, etc. 2 City & State		En "	2a. Mailing Address 26		4. FEI Number 59-2741086		ئب استعمام	oplied For ot Applicable
		Suite, Apt.	#, olc.		5 Certificate of Status Desired			Additional
		City & State		6. Election Campaign Financing \$5.00 May B				
] Zip	Country	28 Zıp	T	Oountry	Trust Fund Contribution 8. This corporation has liability		Added t	
]	25 9. Name and Address of Curr	29		10	Florida Statutes 10. Name and Address of Nev	X Yes	🗋 No	
1. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Flo	rida Statutes	84 City the above-named cor	poration submits this statement for	F he purpose		Code s registored
GNATURE				s, the above-named cor ilhorized by the corpora da Statutes.	poration submits this statement for t ation's board of directors. I hereby a	the purpose ccept the a	e of changing it appointment as	
BIGNATURE	Signature, typod or printed name of registered	egent and tille it applicable	(NOTE:	s, the above-named cor thorized by the corpora ida Statutes. Registered Agent signature required		the purpose ccept the a	e of changing it appointment as	s registered registered
GINATURE	Signature, typod or printed name of registered	epent and tille it applicable NND DIRECTORS		s, the above-named con inforted by the corpore ida Statutes. Rog sideod Agent signature requ 13. 1.1 III.LE 1.2 NAME 1.3 STREET ADDRESS	lired when reinstating)	the purpose ccept the a	e of changing it appointment as	s registered
SIGNATURE 2. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS	Signature, typed or printed name of registeriod OFFICERS A WILLIAMS, DAVID W. 8980 CRESCENT FOREST B	egent and title it applicable	(NOTE:	s, the above-named con ithorized by the corpora ida Statutes. Rog stered Agent signature requ 13. 1.1 III-LE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS	lired when reinstating)	the purpose ccept the a	e of changing it appointment as	s registered registered
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