

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # J79266 (9)
 1. Corporation Name
CRESCENT FOREST DEVELOPMENT CORPORATION



Principal Place of Business C/O DAVID W. WILLIAMS P.O. BOX 2003 NEW PORT RICHEY FL 34656 US	Mailing Address C/O DAVID W. WILLIAMS P.O. BOX 2003 NEW PORT RICHEY FL 34656-2003 US
--	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/19/1987	3a. Date of Last Report 02/13/1996	4. FEI Number 59-2741086	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WILLIAMS, DAVID W. 8930 DEABELLIS ROAD NEW PORT RICHEY FL 34654				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DAVID W.	1.2 NAME	
STREET ADDRESS	8990 CRESCENT FOREST BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, PATRICIA L.	2.2 NAME	
STREET ADDRESS	8416 CESSNA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATARAJAN, G.	3.2 NAME	
STREET ADDRESS	151 SUNSET BLVD. #12	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHAR, RAYMOND J.	4.2 NAME	
STREET ADDRESS	1732 HICKORY GATE DR N	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUS, MATTHEW A.	5.2 NAME	
STREET ADDRESS	320 HIGH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUS, HELEN A.	6.2 NAME	
STREET ADDRESS	320 HIGH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY FL	6.4 CITY-ST-ZIP	

14. I do 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 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 in an attachment with an address.

SIGNATURE _____ David W. Williams 4/25/97 (813) 869-3547

CR2E034 (9/96)