

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

FILED  
Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J94940 (0)  
1. Corporation Name  
CREST MANAGEMENT, INC.



Principal Place of Business 801 WEST BAY DR. STE. 707 LARGO FL 34640 US	Mailing Address 801 WEST BAY DR. STE. 707 LARGO FL 34640 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7887 Bryan Dairy Rd. Suite, Apt. #, etc. Suite 105 22 City & State Largo, FL 23 Zip 33777 Country Pinellas		2a. Mailing Address 26 7887 Bryan Dairy Rd. Suite, Apt. #, etc. Suite 105 27 City & State Largo, FL 28 Zip 33777 Country Pinellas		3. Date Incorporated or Qualified 09/28/1987	4. FEI Number 59-2850087	Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent TOUPS, MICHAEL P 801 WEST BAY DR. STE. 707 LARGO FL 34640		10. Name and Address of New Registered Agent 81 Name Michael Toups 82 Street Address (P.O. Box Number Is Not Acceptable) 7887 Bryan Dairy Rd., Suite 105 83 84 City Largo FL 85 Zip Code 33777	
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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 Michael P. Toups, President DATE 3/11/98  
Signature, typed or printed name of registered agent and applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	
NAME	TOUPS, LEON H.	1.2 NAME	
STREET ADDRESS	418 HARBOR VIEW LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34640	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	
NAME	TOUPS, LYNN R.	2.2 NAME	
STREET ADDRESS	418 HARBOR VIEW LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34640	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	
NAME	TOUPS, MICHAEL	3.2 NAME	
STREET ADDRESS	400 PALM DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34640	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 on an attachment with an address.

SIGNATURE: Michael P. Toups, President DATE 3/11/98 (813) 548-0918  
Signature and typed or printed name of signing officer or director

CR2E084 (10/97)