SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation	RY LEE CROWELL, C.P.A	` '					
Principal Plac	Principal Place of Business Mailing Address						
C/O GREGORY LEE CROWELL 7628 MASSACHUSETTS AVE		C/O GREGORY LEE CROWELL 7628 MASSACHUSETTS AVE			DO NOT WRITE IN THIS COACE		
NEW PORT RI	CHEY FL 34653	NEW PORT RICHEY FL 34653				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report	
<u> </u>	Place of Business	2a. Mailing Address				4. FET Number Applied For	
21	4 -1	26				59-2854342 Not Applicable	
Suite, Apt.	. #, 6tC.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required	
City & Sta	le	City & State	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution		
Zip	Country	Country Z(p)		Country		8. This corporation owes or has paid the current year Intangible	
24	25 29 30		30	J		Personal Property Tax due June 30. Tes No 10. Name and Address of New Registered Agent	
Name and Address of Current Registered Agent CROWELL, GREGORY LEE				ii I	Name	10. Name and Address of New negistered Agent	
		L	12	Ct Add	(FIO Floor) which is Mr. Accordable.		
	8 MASSACHUSETTS AVE N PORT RICHEY FL 34653		l°	'2	Sireer Add	ress (P.O. Box Number is Not Acceptable)	
****		8	13				
			8	14	City	85 Zip Code	
de Diministra	1. 1	100 002 4500 Finally Cont	des die sie			poration submits this statement for the purpose of changing its registered tion's board of directors. Thereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed marke of registered OFFICERS A	agent and title if appheable (NO	DIE Registered /	\ger		ord when renstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE			1.1 1011	1.1 IIILE 1.2 NAME		L Change L Addition	
NAME CROWELL, GREGORY LEE STREET ADDRESS 7628 MASSACHUSETTS AVE		=	1.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	<u>.</u>	1.4 C(TY-ST-7)P				
TITLE		☐ DELFTE	2.1.1011.6			Change Addition	
NAMÉ	ļ	27		E			
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP				2 4 C/TY-S1-7/P		Change Addition	
TITLE NAME	_		31 1/11/6			☐ Change ☐ Addition	
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		VDDB666		
	NTY-ST-ZIP		3 4. C(TY - ST - ZIP			,	
TITLE				4 1 THE		Change Addition	
NAME			4. 2 NAN	AE.			
STREET ADDRESS			4.3 STRE	ETA	ADDRESS		
CITY-ST-ZIP			4 4 CITY		- 7IP		
TITLE	.		51 TITLE			Change Addition	
NAME	•			5.2 NAME			
STREET ADDRESS	· · ·			3 STREET ADDRESS 4 CITY-S1-ZIP			
CITY-ST-ZIP TITLE			6 1 TIFLE			Change Addition	
NAME	•			6.2 NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		- ZIP		

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 eath; 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.

FILED

Jul 31 1997 8:00am

Secretary of State