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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K43249

CRESCENT FARMS CORPORATION

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90032 027 ***158.75



		Mailing Address				
incipal Place of	Business	Mailing Address		•	11 11 11	
SUITE 300 INC.		PO-BOX 9023206				
50 S.E. 2ND AVENUE, SUITE 300		SAN JUAN PR 00902		DO NOT WR	ITE IN THIS SPACE	 _
MI FL 33131		US		3. Date Incorporated or Qualifed	İ	
		•		10/31/1988		
<u></u>		2a. Mailing Address		4. FEI Number		Applied For
Principal Place	of Business	<u> </u>		65-0168291		Not Applicable
		26			\$8.75	Additional
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee	Required
		27		6. Election Campaign Financing	\$5.0	0 May Be
City & State		City & State		Trust Fund Contribution	Adde	d to Fees
		28	Country	8. This corporation owes the cu	rrent year Intangible	
Zip	Country	Zip	·	Personal Property Tax.	☐ Yes	X No
	25		30	10. Name and Address of New	Registered Agent	
	9. Name and Address of Current	Registered Agent	81 Name		<u> </u>	
			11			
ROBER	IT E. LIVINGSTON		82 Street	Address (P.O. Box Number is Not Accep	otable)	
150 S.I	E. SECOND AVE			। अहाकार केल प्रतिकृति है। इ.स.च्या केल	sign the bank through the	प्रशिक्ष होता है।
SUITE	300	, 'N'	83			1 7 m slet da
MLAMI	FL 33131		84 City	इ. इ. १ १ इस्हर्ट है है है से संस्थ	FL: 85 Z	ip Code *** 🎋
	S. J. S. J. F. C.		- -			ita ragistarad
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assagenta am	Ignature, typed or printed name of registered agen	nt and title if applicable. (NOTE	Registered Agent signature		DATE DEFICERS AND DIRECT	TORS IN 12
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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 an address, with all other like empowered.

SIGNATURE: