

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

FILED

May 06 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 # K53295

(7)

1. Corporation Name

CRENSHAW PROPERTIES, INC.

Principal Place of Business

% PETER LAWRENCE COMM RE  
4710 EISENHOWER BLVD STE C1  
TAMPA FL 33634

Mailing Address

% PETER LAWRENCE COMM RE  
4710 EISENHOWER BLVD STE C1  
TAMPA FL 33634-8334

3. Date Incorporated or Qualified

12/22/1988

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0096396

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

HOROWITZ, LAWRENCE D  
4710 EISENHOWER BLVD  
STE C1  
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name

Allan Abrams

82 Street Address (P.O. Box Number is Not Acceptable)

4710 Eisenhower Blvd

83 Suite

C-1

84 City

Tampa

FL

85 Zip Code

33634

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 assuming and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Allan Abrams*

Allan Abrams, Chairman

4/2/97

Sign the typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ABRAMS, ALLAN	
STREET ADDRESS	4710 EISENHOWER BLVD	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	ABRAMS, ELAINE	
STREET ADDRESS	4710 EISENHOWER BLVD	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LLEWELLYN, ROBERTA	
STREET ADDRESS	4710 EISENHOWER BLVD	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Vice President
4.3 STREET ADDRESS	James J. Shapiro
4.4 CITY-ST-ZIP	4710 Eisenhower Blvd. C-1
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Tampa FL 33634
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in this filing, or on an attachment with an address.

SIGNATURE: *Allan Abrams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)