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

STREET ADDRESS

Block 12 or Block 13 if changed, or or at

CITY-ST-ZIP

Mar 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K59763 (8) CRESCENT INVESTMENT COMPANY Principal Place of Business Mailing Address % GEORGE C. MCLARRY % GEORGE C. MCLARRY 301 NORTH FERNCREEK AVE 301 NortµP€erncreek ave DO NOT WRITE IN THIS SPACE ORLANDO FL 32803 3. Date Incorporated or Qualified 01/20/1989 2. Principal Place of Business 2a. Mailing Address Applied For 21 1350 BITTERSWEET DR. 59-2927337 Not Applicable Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be WARREN. 23 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible Yes □Ño Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent Name MCLARRY, GEORGE C. 301 NORTH FERNCREEK AVE. 62 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL FL 32803 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08, 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 607.05:05, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstaling) Signature, typest or printed name of registered agent and trie if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE 1.1 TITLE Change TITLE NISER, JAMAL NAME 1.2 NAME 1350 BITTERSWEET DR 1.3 STREET ADDRESS STREET ADDRESS WARREN OH 1.4 CITY - ST- ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET CORESS STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP **80000246**2 -03/20/98--01017 DELETE 61 TITLE TITLE 6.2 NAME NAME ***150.00

6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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

attachment with air address.

FILED