

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

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Apr 04 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L29553 (9)**  
 1. Corporation Name  
**J. D. CROWLEY, INC.**

Principal Place of Business <b>710 S. CHICKASAW TRAIL ORLANDO FL 32825 US</b>	Mailing Address <b>710 S. CHICKASAW TRAIL ORLANDO FL 32825-7808</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/15/1989</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number <b>59-2973615</b>	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CROWLEY, JAMES D. 710 S. CHICKASAW TRAIL ORLANDO FL 32825</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
		<b>FL</b>	

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 *J. D. Crowley* DATE **3-17-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROWLEY, JAMES D.</b>	1.2 NAME	
STREET ADDRESS	<b>710 S CHICKASAW TRAIL</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<b>T, VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROWLEY, LAVONA</b>	2.2 NAME	
STREET ADDRESS	<b>710 CHICKASAW TR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	2.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROWLEY, KENT</b>	3.2 NAME	
STREET ADDRESS	<b>1509 LAUDO LANE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	3.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBB, RODD A</b>	4.2 NAME	
STREET ADDRESS	<b>2511 TIPTON CT</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DELTONA FL 32738</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Ronald Robbins</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>214 Stefanik Rd</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>Winter Park, FL 32792</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: *J. D. Crowley* DATE: **3-17-97** (407) **382-1099**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)