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Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90049 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L70685

1. Corporation Name
KREB DEVELOPMENT, INC.



Principal Place of Business % ROBERT H. CRAWFORD 100 2ND AVE S. #400N ST. PETERSBURG FL 33701	Mailing Address % ROBERT H. CRAWFORD 100 2ND AVE S. #400N ST. PETERSBURG FL 33701
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5420 Central Avenue Suite, Apt. #, etc. 22 City & State 23 St. Petersburg, FL Zip 24 33707 Country 25 Pinellas		2a. Mailing Address 26 P.O. Box 48008 Suite, Apt. #, etc. 27 City & State 28 St. Petersburg, FL Zip 29 33743-8008 Country 30 Pinellas		3. Date Incorporated or Qualified 05/07/1990	
		4. FEI Number 59-3011976		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent CRAWFORD, ROBERT H. 100 2ND AVENUE SOUTH SUITE 400 ST. PETERSBURG FL 33701				10. Name and Address of New Registered Agent 81 Name ROBERT H. CRAWFORD 82 Street Address (P.O. Box Number is Not Acceptable) 5420 Central Avenue 83 84 City St. Petersburg FL 85 Zip Code 33707	

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 607.0506, Florida Statutes.

SIGNATURE Robert H. Crawford DATE 4/5/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, ROBERT H. 100 SECOND AVE S, #400N ST. PETERSBURG FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD ROBERT H. CRAWFORD 5420 Central Avenue St. Petersburg, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEDWICK, CATHERINE NOYES 100 SECOND AVE S, #400N ST. PETERSBURG FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S Catherine M. Noyes 5420 Central Avenue St. Petersburg, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 with an address, with all other like empowered.

SIGNATURE: Robert H. Crawford 4/5/99 (727) 328-9690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)