

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

FILED  
May 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthart</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L77194 (3)**

1. Corporation Name  
**CRESCENT CLUB, INC.**



Principal Place of Business <b>6519 MIDNIGHT PASS ROAD 1650 RINGLING BLVD. SARASOTA FL 34242 US</b>	Mailing Address <b>6519 MIDNIGHT PASS ROAD 1650 RINGLING BLVD. SARASOTA FL 34242-2506 US</b>
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3. Date Incorporated or Qualified <b>06/01/1990</b>	3a. Date of Last Report <b>04/10/1996</b>
4. FEI Number <b>59-1541607</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>6519 MIDNIGHT PASS RD</b>	Mailing Address <b>1650 ANCHORAGE ST</b>
21. City & State <b>SARASOTA FL</b>	27. City & State <b>SARASOTA FL</b>
22. Zip <b>34242</b>	28. Zip <b>34231</b>
23. County <b>US</b>	29. County <b>USA</b>

9. Name and Address of Current Registered Agent

**LAMBRECHT, WILLIAM G.  
200 SOUTH ORANGE AVENUE  
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81. Name **JULIE BROWN**

82. Street Address (P.O. Box Number is Not Accepted)  
**1650 ANCHORAGE ST.**

83. City  
**SARASOTA FL**

84. City **FL** 85. Zip **34231**

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: *Julie Brown* (Signature) **4/15/97** (Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>BURGESS, JULIE ANN</b>	
STREET ADDRESS	<b>6519 MIDNIGHT PASS RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
NAME	<b>BURGESS, JULIE ANN</b>	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VICE PRES</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>KEVIN T BROWN</b>	
1.3 STREET ADDRESS	<b>1650 ANCHORAGE ST</b>	
1.4 CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
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 type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
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 if changed, or on an attachment with an address.

SIGNATURE: *Kevin T Brown* (Signature) **4/15/97 0413491311** (Date and ID)

CR2E034 (9/96)