

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90023 031 \*\*\*150.00

DOCUMENT # L85335

1. Corporation Name

CRECCO PROPERTIES, INC.

Principal Place of Business

4500 LIPSCOMB ST NE  
PALM BAY FL 32905-0204

Mailing Address

4500 LIPSCOMB ST NE  
PALM BAY FL 32905-0204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1990

4. FEI Number

59-3017948

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CRECCO, RICHARD P.  
4500 LIPSCOMB STREET N.E.  
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name

Richard M. Crecco

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

4500 Lipscomb St NE

83

84 City

Palm Bay

FL

85 Zip Code

32905

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

1/13/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME CRECCO, RICHARD P  
STREET ADDRESS 4500 LIPSCOMB ST, NE  
CITY-ST-ZIP PALM BAY FL

TITLE VTD ☐ DELETE  
NAME CRECCO, RICHARD M  
STREET ADDRESS 4500 LIPSCOMB ST, NE  
CITY-ST-ZIP PALM BAY FL

TITLE VSD ☐ DELETE  
NAME CRECCO, LISA  
STREET ADDRESS 4500 LIPSCOMB ST, NE  
CITY-ST-ZIP PALM BAY FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME CRECCO, RICHARD M  
1.3 STREET ADDRESS 4500 LIPSCOMB ST NE  
1.4 CITY-ST-ZIP PALM BAY FL 32905-3204

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 407-724-0935

Date

Daytime Phone #

0110154