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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 28 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M23310

(9)

TED CRESPI, P.A.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Principal Plac 110 SE SIXTH 1990 FT LAUDERDA US	STREET		110 SE SIXTH STREET			3. Date Incorporated or Qualified 3a. Date of Last Report
						11/13/1985 01/31/1996
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number Applied For 59-2602333 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			•	5. Certificate of Status Desired
City & Stati	e	City & State				Election Campaign Financing Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29	Co:	intry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
24	9. Name and Address of Curre		30			10. Name and Address of New Registered Agent
CRESPI, TED 110 SE 6TH STREET SUITE 1990 FT. LAUDERDALE FL 33301				81 82 83 84		Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code
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 Signature (Signature of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating). DATE						
12.		ID DIRECTORS	13.		in algrandia i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1.1 Ti	TLE		Change Addition
NAME	CRESPI, TED		1.2 N	AME		
STREET ADDRESS	110 SE SIXTH ST,STE 1990		1.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 0	ITY-S	T-ZIP	
TITLE		☐ DELETE	2.1 TI	TLE		☐ Change ☐ Addition
NAME			2.2 N	AME		
STREET ADDRESS			2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP		Potiett			ST-ZIP	
TITLE		DELETE	3.1 11			L Change L Addition
NAME STREET ADDRESS			3.2 N		ADDRESS	
CITY-ST-ZIP					ST-ZIP	
TIBLE		DELETE	3.4. C		51-24P	Change Addition
NAME			4.21			
STREET ADDRESS					ADDRESS	
CITY - S1 - ZIP			4.4 C	ITY-S	T-ZIP	
TITEF		☐ DELETE	5.1 TI			Change Addition
NAME			52 N	AME	ļ	
STREET ADDRESS			53 S	FREET	ADDRESS	
CITY - ST - ZIP			5.4 C	ITY-S	T-ZIP	
TITLE		DELETE	6.1 TI	TLE		☐ Change ☐ Addition
NAME			62 N	AME		
STREET ADDRESS			6.3 \$	REET	ADDRESS	
CITY - ST - ZIP		_	64 C	TY-S	T-ZIP	
informatio Lam an o	by certify that the information supplie in indicated on this annual report or a fficer or director of the composition o in Block 12 or Block 13 if chalighd, o	supplemental annual report is r the receiver or trustee empo	s true and a owered to e	exe BCCU BXBC	mption sta trate and to ute this re	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under oath; that eport as required by Chapter 607, Florida Statutes; and that my name