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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M67391 1. Corporation Name

Principal Place of Business	Mailing Address
100 RIALTO PLACE. #700 MELBOURNE FL 32901	P.O. BOX 510405 Melbourne Beach FL 32951

FILED Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90016 026 ***150.00

CRUMM	EY INVESTIGATIONS, INC.							
Principal Place	e of Business	Mailing Address			I \$000 0304 (I.E 0)(\$) 100 00 (I/10 10)	 	EFOLI DISIL 1801	
100 RIALTO PL		P.O. BOX 510405						
MELBOURNE FL 32901 MELBOURNE BEACH FL 32951		951						
us us					E IN THIS SPACE			
					3. Date Incorporated or Qualifed 02/04/1988			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	A	oplied For	4
_		26			59-2909401	N	ot Applicable	11
Suite, Apt.	#; etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	□ \$8.75	Additional	
22		27			3. Certificate of Status Desired	Fee R	equired	
City & Stat	te	City & State			6. Election Campaign Financing	1 1	May Be	
23		28	<u></u>		Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country	•	8. This corporation owes the curre		□No	
24	25	1 1	30		Personal Property Tax. 10. Name and Address of New R	Yes	NO	ı
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New K	egistered Agent		ı
CRU	JMMEY, PETER F.		0.	IVallic				ı
	RIGGS AVENUE		82	Street Addr	ress (P.O. Box Number is Not Acceptal	ble)		ı
	BOURNE BEACH FL 32951		83		 		科的研究	ı
171 lim liv			**		4 (No. 24 4)			
			84	City		85 Zip	Code	
 						FL "		
11. Pursuant office or ragent. I a	im familiar with, and accept the obligat	ions of, Section 607.0505, Flor	es, the above uthorized by rida Statutes	e-named corp the corporation	poration submits this statement for the pon's board of directors. I hereby accept	purpose of changing its t the appointment as re	s registered egistered	_
agent. I a	im familiar with, and accept the obligat	t and title if applicable. (NOTE:	es, the above uthorized by rida Statutes	e-named corp the corporation	ed when reinstating)	purpose of changing its t the appointment as re		(86)
agent. I a SIGNATURE 12.	im familiar with, and accept the obligat Signature typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE:	es, the above uthorized by rida Statutes	e-named corp the corporation		purpose of changing its t the appointment as re		(41/08)
SIGNATURE 12.	signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: D DIRECTORS	es, the above uthorized by rida Statutes Registered Ager	e-named corp the corporation	ed when reinstating)	purpose of changing its the appointment as re DATE FICERS AND DIRECTO	ORS IN 12	34 (41/98)
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SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI DP CRUMMEY, PETER F. 380 RIGGS AVE MELBOURNE BEACH FL	t and title if applicable. (NOTE: D DIRECTORS	res, the above of the result o	e-named corporations.	ed when reinstating)	purpose of changing its the appointment as re DATE FICERS AND DIRECTO	ORS IN 12	CB0E034 (41/08)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI DP CRUMMEY, PETER F. 380 RIGGS AVE MELBOURNE BEACH FL VP HUGHES-CRUMMEY, BEVERLY	t and title if applicable (NOTE: D DIRECTORS	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.4 CITY-S 2.1 TITLE 2.2 NAME	e-named corporations.	ed when reinstating)	purpose of changing its t the appointment as re DATE FICERS AND DIRECTO	DRS IN 12 ☐ Addition	CP2E034 (41/98)
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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.

NAME OF SIGNING OFFICER OR DIRECTOR

407 340578 Daytime Phone #