

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M77851 (7)**

1. Corporation Name

**CRAZY WOMAN PROPERTIES, INC.**



Principal Place of Business

**P.O. BOX 1148  
VERO BEACH FL 32961**

Mailing Address

**P.O. BOX 1148  
VERO BEACH FL 32961**

3. Date Incorporated or Qualified <b>04/25/1988</b>		3a. Date of Last Report <b>03/31/1995</b>	
4. FEI Number <b>59-2921882</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

**9. Name and Address of Current Registered Agent**

**KNIGHT, D. VICTOR, SR.  
4889 U.S. HIGHWAY #1  
VERO BEACH FL 32961**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, D. VICTOR	1.2 NAME	
STREET ADDRESS	4889 U.S. HIGHWAY #1	1.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, WANDA S.	2.2 NAME	
STREET ADDRESS	4889 U.S. HIGHWAY #1	2.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, DAN S	3.2 NAME	
STREET ADDRESS	3911 58TH CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *D. Victor Knight*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/96 (407) 562-4155  
Date Daytime Phone #

CR2E034 (12/95)