

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morphis Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N49709** (1)

1. Corporation Name
CRIMINON INC.

Principal Place of Business 305 N. FT. HARRISON AVENUE CLEARWATER FL 34615	Mailing Address 305 N. FT. HARRISON AVENUE CLEARWATER FL 34615
--	--

3. Date Incorporated or Qualified

07/07/1992

4. FEI Number

59-3132503

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARLAN, BRUCE M ESQ.
326 BELCHER RD. N.
CLEARWATER FL 34625**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	D	☐ DELETE
NAME	LAN, JEANIE	
STREET ADDRESS	2357 STAG RUN BLVD.	
CITY - ST - ZIP	CLEARWATER FL 34625	

TITLE	D	☐ DELETE
NAME	BICKEL, EDWIN	
STREET ADDRESS	1540 PASADENA DRIVE #9	
CITY - ST - ZIP	DUNEDIN FL	

TITLE	D	☐ DELETE
NAME	WEIGAND, LIBBY	
STREET ADDRESS	601 EAST ROSERY RD.	
CITY - ST - ZIP	LARGO FL 33770	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: **Edwin Bickel** **Edwin Bickel** **13-Feb-98** **813-449-0838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0052406**

CR2E037 (10/97)