FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B_y<u>Morphson</u>

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

CRIM	MNON INC.							
Principal Place of Business Mailing Address 305 N. FT. HARRISON AVENUE CLEARWATER FL 34615 Mailing Address 305 N. FT. HARRISON AVENUE CLEARWATER FL 34615				JE		3. Date Incorporated or Qualified		
						59-3132503	Not Applicat	
2. Principal	Place of Business	2a. Mailing Address				5. Certificate of Status Desired S8.75 Additional		
<u>:1</u>		26				S. Commodio of Status Desired	Fee Required	
Suite, Ap	ot. #, etc	Suite, Apt #, etc.				6. Election Campaign Financing \$5.00 May Be		
55		27			Trust Fund Contribution Added to Fees			
City & St	tate	<u> </u>	City & State			7. Is this nonprofit corporation a homeowners association?		
23		28				Yes 🔼		
Zip	Country	Zip		ountry	!	8. This corporation owes or has paid the curren		
24	25	29]	30	· T		Personal Property Tax due June 30	'	
	9. Name and Address of Cu	rrent Hegistered Agent		81	Name	10. Name and Address of New Registered Age	Prit	
				"	Ivanie			
HARLAN, BRUCE M ESQ. 328 BELCHER RD. N.				82	82 Street Address (P.O. Box Number is Not Acceptable)			
CLEAR	RWATER FL 34625			83				
				84	City	FL ¹	35 Zip Code	
11 Dureuer	nt to the groupsions of Sections 617	0502 and 617 1509 Florid	da Ctatulas the	abou	<u> </u>			
The ruisum	r reactored agent or both in the S	toto of Florida, Cush shop	Ja Statutos, trio			poration submits this statement for the purpose of ch	anning its registers	
office of agent. I	I am familiar with, and accept the o	bligations of, Section 617.	igė was authoriz 0503, Florida St	ed by	e-named corp y the corpora s.	poration submits this statement for the purpose of challon's board of directors. I hereby accept the appoin	anging its registered tment as registered	
		bligations of, Section 617.	ige was authoriz .0503, Florida St	ed by	e-named corpora s.	poration submits this statement for the purpose of challon's board of directors. I hereby accept the appoin	anging its registered tment as registered	
SIGNATURE	E Signature, typed or profed name of registere	d agent and title if applicable	(NOTE Registe	red Age		irad when reinstaing) DATE		
SIGNATURE	E Signature, typed or printed name of registere OFFICERS	d agent and title if applicable AND DIRECTORS	(NOTE Registe	ered Age		irad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS IN 12	
	Signature, typed or preded came of registers OFFICERS	d agent and title if applicable	(NOTE Registe	red Age		irad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND D		
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SIGNATURE 12. TITLE	Signature, byted or prefet came of registers OFFICERS D LAN, JEANIE 2357 STAG RUN BLVD.	d agent and title if applicable AND DIRECTORS	(NOTE Registe 13 ELETE 1.1 1.2	TITLE		irad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS IN 12	
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature: typed or prefet come of registere OFFICERS D LAN, JEANIE 2357 STAG RUN BLVD. CLEARWATER FL 34625	d agent and title if applicable AND DIRECTORS DE	(NOTE Registe 13 ELETE 1.1 1.2 1.3 1.4 ELETE 2.1	TITLE NAME STREET	ent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS IN 12 Change Additi	
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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 is 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 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 Bulk of south and statute or south of section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida S

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5.4 CITY - ST - ZIP

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Secretary of State

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