## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N98000001724

CREW CARIBE, INC.

Principal Place of Business

17505 SW 31ST CT. MIRAMAR FL 33029 Mailing Address

17505 SW 31ST CT. MIRAMAR FL 33029

## May 05, 1999 8:00 am § Secretary of State

05-05-1999 90105 034 \*\*\*\*61.25

2. Principal P	lace of Business	2a. Mailing Address			3Date Incorporated or Qualifed 03/20/1998						
21		26						<u> </u>			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		<u> </u>	licel For			
22		27					<del></del>	Applicable			
City & State	е,	City & State	City & State				\$8.75 A				
23		28					Fee Rec	`			
Zip	Country	Zip Country			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
24	25	29 30	)	·	Trust Fund Contribution	N1-4 1 1		rees			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent											
			81	81 Name							
JOHNSON, E. ALVIN					82 Street Address (P.O. Box Number is Not Acceptable)						
17505 SW		83									
MIRAMAR FL 33029											
THE BUILDING ATT & COOKS				City			85 Zip C	ode			
			84	City		FL					
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	<u> </u>	· · · · · · · · · · · · · · · · · · ·				DATE					
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	t signature req	uired when reinstating)  ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12			
		DELETE	1.1 TITLE		1001110110		Change	Addition			
TITLE	D CUTTOVI ANN										
NAME	WILLIS, SHERYLANN		1.2 NAME 1.3 STREET								
STREET ADDRESS	SINCE PUBLICATION OF THE PROPERTY OF THE PROPE				•						
CITY-ST-ZIP	SUNRISE FL 33313		1.4 CITY-S	r-zip			Change	Addition			
TITLE	D	☐ DELETE	2.1 TITLE				□ Change				
NAME .	JOHNSON, E. ALVIN		2.2 NAME								
STREET ADDRESS	17505 SW 31ST CT.		2.3 STREET	TREET ADDRESS							
CITY-ST-ZIP	ZIP MIRAMAR FL 33029							53 A J. 196			
TITLE	D .	☐ DELETÉ	3.1 TITLE				Change	Addition			
NAME	MULLINGS, KIM		3.2 NAME				•	.			
STREET ADDRESS	6861 NW 24TH ST.		3.3 STREET	ADDRESS							
CITY-ST-ZIP	SUNRISE FL 33313		3.4. CITY-S	T-ZIP							
TITLE	D	☐ DELETE	4.1 TITLE				Change	Addition (			
NAME	JOHNSON, GAIL	•	4. 2 NAME								
STREET ADDRESS	17505 SW 31ST CT.		4.3 STREET	ADDRESS							
CITY-ST-ZIP	MIRAMAR FL 33029		4.4 CITY-S	T-ZIP							
TITLE	D .	☐ DELETE	5.1 TITLE		TEDD WILLS		☐ Change	☐ Addition			
NAME	WILLIS (TED)		5.2 NAME	ļ	TEVY WILL						
STREET ADDRESS	6861, NW 24TH ST.		5.3 STREET	ADDRESS							
CITY-ST-ZIP	SUNRISE FL 33313	•	5.4 CITY-S	T-ZIP			*				
TITLE	D .	DETETE	6.1 TITLE	j			Change	Addition			
NAME	JAMES, LANCE	- <del>-</del>	6.2 NAME								
			6.3 STREET	ADDRESS				i			
STREET ADDRESS	1030 SW 50TH AVE.		6.4 CITY C	i							

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, with all other like empowered.

SIGNATURE: