

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90022 006 ***158.75

DOCUMENT # P03000042938		
1. Entity Name CRNT - III, INC.		

Principal Place of Business C/O STEVEN L. DANIELS, ESQ. ARNSTEIN & LEHR 515 N FLAGLER DR 6 FLR W PALM BCH, FL 33401	Mailing Address C/O STEVEN L. DANIELS, ESQ. ARNSTEIN & LEHR 515 N FLAGLER DR 6 FLR W PALM BCH, FL 33401
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44030443



2. Principal Place of Business Allstair's Inc. Suite, Apt. #, etc. 2900NW Commerce Pk Dr. #7	3. Mailing Address 2900NW Commerce Park Drive Suite, Apt. #, etc. #7
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07202004 Chg-P CR2E034 (10/03)

City & State Boynton Bch FL	City & State Boynton Bch Florida
Zip 33426	Zip 33426
Country USA	Country USA

4. FEI Number 651194769	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DANIELS, STEVEN L 515 N FLAGLER DR 6 FLR W PALM BCH, FL 33401
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLIMINE, NICHOLAS A JR ☒ Delete 4730 NW 2 AVE STE 100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIACCIA, THEODORE P ☒ Delete 4730 NW 2 AVE STE 100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Jimmy B. Fritz 953 Brookdale Dr. Boynton Bch FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Marsha Fritz 953 Brookdale Dr. Boynton Bch FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 7/26/04 Daytime Phone # 564934455