

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 SEP 26 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000012051 (7)

1. Corporation Name
CROW DEVELOPMENT CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1104 N. COLLIER BLVD. MARCO ISLAND FL 33937**
Mailing Address: **1104 N. COLLIER BLVD. MARCO ISLAND FL 33937**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
2.1 Suite, Apt. #, etc. (22)
2.2 City & State (23)
2.3 Zip (24)
2.4 Country (25)

3. Date Incorporated or Qualified: **02/16/1993**
3a. Date of Last Report: **04/26/1996**
4. FEI Number: **65-0398159**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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
**GREUSEL, JAMIE B
% BERRY & GREUSEL
1104 N. COLLIER BLVD.
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	CROW, THOMAS S. JR.	
STREET ADDRESS	280 SOUTH COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	ST	<input type="checkbox"/>
NAME	CROW, DORIS	
STREET ADDRESS	280 SOUTH COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	VP	<input type="checkbox"/>
NAME	CROW, THOMAS S. SR.	
STREET ADDRESS	280 SOUTH COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	7000002309917	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	-10/01/97--01086--008		
1.3 STREET ADDRESS	****550.00 ****550.00		
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

01/17/97

CR2E034 (4/97)