FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

OCOEE FL 34781

City & State

P.O. BOX

P.O. BOX 27

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P93000029203 (5)

Name and Address of Current Registered Agent

CRW IX, INC.

Principal Place of Business

2. Principal Place of Business

STE 1020 ORLANDO FL

Kew Cir

25

WESIGHAN, FRANK C 200 E ROBINSON ST

2704 REW CIRCLE

OCOEE FL 34761

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SUITE 105

FILED May 07 1998 8:00am Secretary of State

	DO NOT WRITE IN THIS SPACE		
	3. Date Incorporated or Qualified 04/21/1993		
a7	4. FEI Number 59-3190876	Applied For Not Applicable	
	Certificate of Status Desired	\$8.75 Additional Fee Required	
FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
30 USA	Personal Property Tax due June 30.		
et Nome	10. Name and Address of New Registered	Agent	

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

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.

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SIGNATURE	Signature, typed or printed name of registered agent and title			
12.	OFFICERS AND DIRE	(1.2.)	E Registered Agent signature requirements 13.	
TITLE	D OTTICERS AND DIRE	DELETE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	=	L) VECETE	1.1 TITLE	Change Add
NAME	WESIGHAN, FRANK C		1.2 NAME	
STREET ADDRESS	557 WEKIVA LANDING DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addi
NAME	RABOUD, RONALD J		2.2 NAME	
STREET ADDRESS	1139 OAKPOINT CIR		2.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL 32712		2. 4 CITY-ST-ZIP	
TITLE	D	DELETE	3.1 TITLE	☐ Change ☐ Add
NAME	COX, LAWRENCE E		3 2 NAME	
STREET ADDRESS	1650 LAKEHURST AVE		3.3 STREET ADDRESS	
CITY-S1-ZIP	WINTER PARK FL 32789		3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addi
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DELETE	5.1 TITLE	Change Addi
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addi
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

407-877-0220

Zip Code

85