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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000042545 (2)

## **CREPEAU CORPORATION**

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

CREPEAU, MICHELE

43 BROADRIVER RD

ORMOND BEACH FL

Principal Place of Business Mailing Address **401B VENTURE DRIVE 401B VENTURE DRIVE** S. DAYTONA FL 32119 S. DAYTONA FL 32119 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/16/1993 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21 59-3189555 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 24 25 29 30 g, Name and Address of Current Registered Agent Name and Address of New Registered Agent CREPEAU, BRUCE B1 **401B VENTURE DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) S. DAYTONA FL 32119 83 84 Zip Code City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 111111 Change Addition CREPEAU, BRUCE M NAME 12 NAME 43 BROADRIVER RD STREET ADDRESS 1.3 STREET ADDRESS ORMOND BEACH FL 32174 CITY - ST - ZIP 1.4 C(1) Y - ST - Z(P

DELETE TITLE 4.1 Tille Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TIME Change Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS DITY-ST-ZIP 5.4 CITY- \$1 - ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 C(1Y - S1 - Z(P

2.1 11116

2.2 NAME

3.1 DILE

3.2 NAME

2.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4. CITY - \$1 - ZIP

2.4 CITY-ST-ZIP

DELETE

DELETE

14. I horoby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address.

DOBI.

1/1/00

94/2/2-220

Change

Change

\_\_\_ Addition

Addition

**FILED** 

Jan 16 1998 8:00am

Secretary of State