or Opti CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000042611 (2)

CRANE CREEK PROPERTIES, INC.

Apr 06 1998 8:00am Secretary of State

FILED

						 			
Principal Place of Business Mailing Address									
2210 SO. FR SUITE 101	ONT STREET	2210 SO. FRONT STREET SUITE 101 MELBOURNE FL							
MELBOURNE	FL					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						06/16/1993			
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	7
21		26				59-3196455	Not Applicable		e
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.7	5 Additional	
22		27				6. Certificate of Status Desired	Fe	e Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country			8. This corporation owes or has paid the	current yea	r Intangible	
24	25 29 30			Personal Property Tax due June 30. Yes No					
	9. Name and Address of Curre	nt Registered Agent		[10. Name and Address of New Register	ed Agent		[
	rge, william g			81	Name				
22	10 \$0 FRONT ST A101			82	Street Addres	ess (P.O. Box Number is Not Acceptable)			
ME	ELBOURNE FL 32901			Ш					
				83					1
}				84	City		85	Zip Code	-{
				54	City	F	:L °° ′	ap code	
11. Pursuant I	to the provisions of Sections 607.050 egistered agent, or both, in the State of the section femiliar with and accept the oblice.	02 and 607,1508, Florida Statu o of Florida, Such change was estimated, Section 607,0505, F	ites, the at authorized	bove- d by t	named corpo he corporatio	ration submits this statement for the purpos on's board of directors. I hereby accept the	e of changir appointmen	ng its registered t as registered	1
]	in laitiliar with, and accept the oblig	pations of, Section 1007.0000, I	ionua oiai	ioics.					
SIGNATURE	Signature, typed or printed name of registered ag-	ent and trie if applicable (NO	II Registere	d Agent	signature required	when reinstating) DAT	_		_
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS /	AND DIREC	TORS IN 12	
TITLE	P	DELETÉ	1.1 (0	TLE			☐ Char	nge 🔲 Addition	υĘ
NAME	DUPONT, MARTHA V	1.2 N		AME	vie				12
STREET ADDRESS 2210 S FRONT ST #101		1.3 ST		REET A	DDRESS				Ì
CITY-ST-ZIP	MELBOURNE FL	L 10		TY-S1-	ZIP				Š
TITLE	VST	DELETE	2.1 10	TLE			Char	nge 🔲 Addition	'nζ
NAME	VERGE, W G		2.2 N/	AME					
STREET ADDRESS	2210 S FRONT ST #101		2.3 STREET ADDRESS		DDRESS				
CITY-ST-ZIP	AMELINALISMIC CI		2.4 C	HY-SI	- ZIP				
TITLE			3.1 TI				☐ Chan	nge 🔲 Addition	n [
NAME			3.2 N/	AME.					
STREET ADDRESS			3.3 \$1	REET A	DDRESS				
CITY-ST-ZIP				11Y-ST-	J				-
TITLE		DELET e	4.1 TI				Char	nge 🔲 Addition	n
NAME			4.2 N	AME					
STREET ADDRESS			4.3 SI	IREET AS	DDRESS				
CITY-ST-ZIP				TY-SI-	í				ĺ
TITLE		DELETE	5.1 TC		<u></u>		Char	nge Addition	
NAME			5.2 N						
STREET ADDRESS					DDRESS				1
				1Y-ST-					1
CITY-ST-ZIP TITLE		DELETE	6.1 Ti		Z11		Char	nge Addition	n
NAME			6.2 N				5/16/	80 - 1.00mol	
					nnoree				
STREET ADDRESS				DDRESS					
CITY-ST-ZIP			6.4 CI	1Y-S1-	7117				

14. Thereby 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.