SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 AUG -2 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000053267 (9)**

1. Corporation Name
CRISIS INC.

Principal Place of Business	Mailing Address
~~600 S DIXIE HWY~~	~~P.O. BOX 642~~
~~LANTANA FL 33462~~	~~LAKE WORTH FL 33460~~
~~US~~	~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 335 MOCKINGBIRD LANE	26 SAME AS 2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 26	27
City & State	City & State
23 LANTANA FL	28
Zip / Country	Zip / Country
24 33462 / 25 USA	29 / 30

4. FEI Number: 65-0430630 ☐ Applied For ☐ Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TODD, DOUGLAS F 2448 DOUGLASS AVE. DELRAY BEACH FL 33444	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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: D F Todd — 7-26-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
P TODD, DOUGLAS F 2448 DOUGLASS AVE. DELRAY BEACH FL	11 TITLE P/T — ☒ Change ☐ Addition
V KRUSRE, STEPHEN R 1331 N. M ST. LAKE WORTH FL	21 TITLE V/S 22 NAME JONATHAN T TODD 23 STREET ADDRESS 448 DOUGLASS AVE 24 CITY-ST-ZIP DELRAY BCH, FL 33444 — ☐ Change ☒ Addition
T POLICHANO, MAURA 116 E CENTRAL BLVD LANTANA FL	31 TITLE 32 NAME 33 STREET ADDRESS NONE 34 CITY-ST-ZIP — ☒ Change ☐ Addition
S FALDON, WILFRED R 2 ROYAL PALM CIRCLE W PALM BCH FL	41 TITLE 42 NAME 43 STREET ADDRESS NONE 44 CITY-ST-ZIP — ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP — ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: D F Todd — 7-26-95 — (407)588-0204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0181232 FP