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

CRESC	ENT COVE CREEK CORP.	0084565 (9)			
Principal Place		Mailing Address			
20 Flagler Bluff Run Flaler Beach Fl 32136		28 FLAGLER BLUFF RUN FLGLER BEACH FL 32136			
US US	01 F 1 to 100 TSP4	U\$	~	DO NOT WRITE IN THE	S SPACE
				 Date Incorporated or Qualified 12/10/1993 	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0460050	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27 27 City & State		City & State	····	a Station Committee Simonian	Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registere	d Agent
GREENE, JOHN H 81 BREEZE HILL LANE 82 Street Address (P.O. Box Number is Not Acceptable)					
PALM COAST FL 32137			OF OUR AGO	read (F.O. Box Harrigor is Not Addeptable)	
			83		
			84 City		85 Zip Code
				F	L
11. Pursuant	to the provisions of Sections 607,050 egistered agent, or both, in the State	of Florida, Such change was	tes, the above-named corpora authorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap-	or changing its registered
agent la	m familiar with, and accept the obliga	ations of, Section 607.0505, FI	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	of and title if applicable (NOI	E: Registered Agent signature requi	red when reinstating) DATE	·
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
RAME	NESMITH, GEORGE		1.2 NAME		
STREET ADDRESS	28 CREEK BLUFF RUN		1.3 STREET ADDRESS		
CITY-ST-ZIP	FLGLER BEACH FL		1.4 CITY - ST - ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		Change Addition
NAME	JONES, MALCOLM G 2332 BOURGOGNE DR.		2.2 NAME		
GIREET ADORESS	TALLAHASSEE FL 32306		2.3 STREET ADDRESS	, ·	
CITY-ST-ZIP TITLE	VSTD	DELETE	2. 4 CITY-ST-ZIP		Change Addition
NAME	GREENE, JOHN H	Reprint to the first	3.2 NAME		
STREET ADDRESS	81 BREEZE HILL LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137		3.4. CITY - \$T - ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE		□ Detet	6.1 TITLE		LT OHANGE LL MUCILION (
NAME CYDEET LANDESC			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 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 anyaddress.

SIGNATURE: GE

EOVOE A. NESMITH

4-20-98

904-439-0302

FILED

May 01 1998 8:00am

Secretary of State