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 # 1. Corporation Name P94000002193 (8)

CRC INDUSTRIES INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						r continui tin talit ninti notil natili datili t	T ((1881) AND SERVICE BOOK BEAUTH BEAUTH BEAUTH BEAUTH BEAUTH BEAUTH BEAUTH BREAUTH FRANCE F		
11961 N.W. 12TH ST. 11961 N.W. 12TH ST.									
PEMBROKE PINES FL 33026		PEMBROKE PINES FL 33026				DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	riio oi Aoc		
						01/01/1994			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				65-0466869		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, et							\$8.7	5 Additional	
22 27						Certificate of Status Desired	Fee	Required	
City & Stat	e	Cily & State	City & State			6. Election Campaign Financing	\$5.0	00 May Be	
23	28					Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	-	intry		8. This corporation owes or has paid th	e current year Yes		
24	25 9. Name and Address of Current	29 Pagistered Agent	30	r		Personal Property Tax due June 30. 10. Name and Address of New Registe		∐No	
	CALVO, ROSA I	LIOBISTOION VIBOIN		81	Name		TOW MYOUIL		
l .	1981 N.W. 12TH ST.								
PEMBROKE PINES FL 33026				82	Street	Address (P.O. Box Number is Not Acceptable)		į	
·	EMPROVE I HEO I E COOLO			83					
				84	City		FL 85 Z	tip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	hove	named	corporation submits this statement for the purpo	se of changin	g its registered	
office or r	egiste red agent, or both, in the State c i m fami liar with, and accept the obligat	f Florida. Such change wa s a ons of, Section 607.0505. Fix	authorize orida Sta	d by lutes	the corp	poration's board of directors. I hereby accept the	appointment	as registered	
SIGNATURE	_ , , , ,								
BIGHTONE	Signature, typed or printed name of requisiting agent	and the diapplicable (NOI	L Ragistere	d Agei	nt sign-ature	3,	NTE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	DPST CALLO BOSA I	DELETE	1.1 Ti			PRESIDENT _	M Chan	ge 🛴 Addition	
NAME	CALVO, ROSA I		1.2 N			CAlvo, ROSA I.	ct		
STREET ADDRESS	DEMODOVE OWEG EL GODGO			1.3 STREET ADDRESS		11981 71W /2 STREI	=	, Ji	
CITY-ST-ZIP TITLE	PEMBROKE PINES FL 33026	T Acres	2 1 TI	TY-SI	I-ZIP	PEMBROKE PINES, FI PRESIDENT	330 20	ge X Addition	
l '	Block 12					PRESIDE HE	C Cuard	e Profiton	
NAME Street address:	DIXE	~	2.7 %		ADDRESS	Calvo, CARI A. 11981 NW 12 STREET	L		
SINEEL ADUNESS	Tille line ast	DP51 necds	2.35	ince i z (1Y - Si		PEMBROKE PINES, FI	- -22021		
CITY-ST-ZIP TITLE	1 December 10	. 11 1 1-11	3.1 1		1 - 211	PENIDRUNA PINES, PI	Chang	e Addition	
NAME	To Change or	dac.	3.2 N						
STREET ADDRESS		The dout	335		ADDRESS				
CITY-ST-ZIP	Title line as: To Change or Block 13 as For Existing a also adding	THE STUBLE	34.0	IIY-S					
TITLE	- Carle Line	Original in	4.1 11				Chang	ge Addition	
NAME	ror thisting i	(1166)	4.2 N	AMÉ					
STREET ADDRESS	1	/ <u>/ </u>	4.3 \$	REE1	ADORESS				
CITY-ST-ZIP		a 2 mil.	4.4 CI	1Y-ST	- ZIP				
TITLE	acro anung	The second second	5.1 TI	ILE			Chang	ge Addition	
NAME	Officer w Copp Throak w/2 fres. Throak	Fresident	5.2 N	\ME					
STREET ADDRESS	1 Miles			REET	AUDRESS				
CITY-ST-ZIP	and and		540	1Y- \$1	- 7IP				
TITLE	CORPO Throah	2 yau	617	LT.E			Chang	ge Addition	
NAME	W/2 1405.	()	6.2 N/	ME					
STREET ADDRESS	•		6.3 \$	REET	ADDRESS				
CITY-ST-ZIP				TY-S1			· · · · · · · · · · · · · · · · · · ·		
14 Iberahy o	partitu that the information cumplical with	this filing does not qualify for	or the eve	mnt	on chate	ed in Section 119 07(3)(i) Florida Statutes, I furth	or cortify that	the information	

ringles being that the information supplied will this limit trees not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the informatio 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.

Bosa T. Calva