

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 FEB 16 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000002537 (6)**

1. Corporation Name

CRESCENT INTERNATIONAL, INC.

Principal Place of Business

**2257 CHRISTY LANE
OLDSMAR FL 34677**

Mailing Address

**2257 CHRISTY LANE
OLDSMAR FL 34677**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/11/1994

3a. Date of Last Report

2. Principal Place of Business

21 3444 EAST LAKE ROAD

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 410

Suite, Apt. #, etc.

27

City & State

23 Palm Harbor, FLA

City & State

28

Zip

24 34685

Country

25 USA

Zip

29

Country

30

4. FEI Number

59-3218892

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

**SAVARESE, JAMES A
2257 CHRISTY LANE
OLDSMAR FL 34677**

10. Name and Address of New Registered Agent

81 Name

BERGMAN BUSINESS GROUP

82 Street Address (P.O. Box Number is Not Acceptable)

14206 CARLSON CIRCLE

83

84 City

TAMPA

FL

85 Zip Code

33626

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

Alan T. Bergman - Bergman Business Group

2/10/95

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when constituting

DATE

12. OFFICERS AND DIRECTORS

TITLE
P
NAME
JAMES A. SAVARESE
STREET ADDRESS
2257 CHRISTY LN.
CITY-ST-ZIP
OLDSMAR, FL, 34677

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 110.07(3)(b), Florida Statutes. I further certify that the information contained on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if such officer appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James A. Savarese President

1-9-95

813-787-8263

SIGNATURE AND TYPED OR PRINTED NAME OF BRIDING OFFICER OR DIRECTOR

DATE

Official Phone #