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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000028543

MT CRESTWOOD CORPORATION

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Principal Plac	e of Business	Mailing Address		1 100 510 67 116 10 11 1 10 11 4 10 11 1 0 0 11 1 0 0 11 0	11881 18187 BIJU BIBDE HII 1861
1601 BELVEDERE RD 1601 BELVEDERE RD					
SUITE 407 SUITE 407					
WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33			406	DO NOT WRITE IN THIS	SPACE
1				3. Date Incorporated or Qualifed	
				04/13/1994	·
2. Principal P	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0487603	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		3. Ochmodic of Children Decired	Fee Required
City & Stat	te	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 the current year Int	
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent ·
	PRODUCTION OF THE PROPERTY OF	A. A. S.	81 Name		
nav JENI	DRICH, STEVEN A		82 Street Add	ress (P.Q. Box Number is Not Acceptable)	
	DEFICACIE IN		- -	of the second second second second	- 28 - 1 Marin A - Marin - 400
	E 407		83	· · · · · · · · · · · · · · · · · · ·	
) WES	ST PALM BEACH FL 33406		84 City	- 100 (17 a) 100 (17 a	
			84 City	FL	'i 85 'Zip Códe'' '
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	changing its registered
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligati	of Florida: Such change was au	uthorized by the corporation	on's board of directors. I hereby accept the appoi	ntment as registered
	in ramiliar with, and accept the obligati	10113-01, Decilott 007.0000, 1 101	da Glatates.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require	od when reinstating) DATE	
	Signature, typed or printed name of registered agent OFFICERS ANI		Registered Agent signature require	ad when reinstating) : 100 March ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
12.				ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
12.	OFFICERS AND	DIRECTORS	13.		
12. TITLE NAME	P MEYER, WILLIAM A	DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AN	
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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 regulated 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 01, 1999 8:00am

Secretary of State

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