

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra J. Morikane Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000055653
1. Corporation Name

CRP Group, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 300 E. State Street Suite, Apt. #, etc. 22 Suite G City & State 23 Jacksonville, FL Zip 24 32202		2a. Mailing Address 25 300 E. State Street Suite, Apt. #, etc. 27 Suite G City & State 28 Jacksonville, FL Zip 29 32202		4. FEI Number 59-3266386 5. Certificate of Status Desired <input type="checkbox"/> \$3.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

G. Stephen Manning
6622 Southpoint Drive S., Suite 310
Jacksonville, FL 32256

10. Name and Address of New Registered Agent

81 Name	William M. Easton
82 Street Address (P.O. Box Number is Not Acceptable)	300 East State Street
83	Suite G
84 City	Jacksonville
85 Zip Code	FL 32202

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 *William M. Easton* **DATE** 7-23-98
Signature typed in printed name of registered agent and file if applicable (If "X" Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	William M. Easton
STREET ADDRESS		13 STREET ADDRESS	300 E. State Street, Suite G
CITY-ST-ZIP		14 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	<input type="checkbox"/> DELETE	21 TITLE	VP/S/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Freddy E. Farah
STREET ADDRESS		23 STREET ADDRESS	300 E. State Street, Suite G
CITY-ST-ZIP		24 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	400002605744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	-08/03/98--01101--000
STREET ADDRESS		53 STREET ADDRESS	***150.00
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information furnished herein is true and correct and that the information indicated on this annual report is true and correct 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 and that I am a resident of the State of Florida; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *William M. Easton* **DATE:** 7-2-98 (904) 356-2228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)

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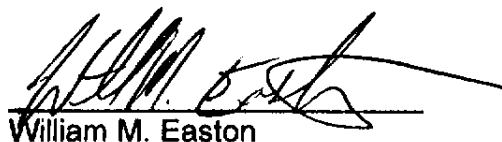
July 2, 1998

TO: Division of Corporation
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

FROM: William M. Easton

RE: Late filing of Annual Report and payment

The second notice that I have received was actually the first notice. I have other corporations in Florida, which I have, experience the same scenario. The lady I spoke with a lady at your office and she told me to send in a check for the amount of \$150 along with a letter of explanation. Please call at (904) 356-2228 or write me to notify me if I need to act differently.


William M. Easton

CRP Group Inc.

FEI # 59 - 3266386