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

Mailing Address

PT ST LUCIE FL 34985-9232

P O BOX 9232

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business 357 SW DWIGHT AVE

PT ST LUCIE FL 34983

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06 1997 8:00am

Secretary of State

(561) 871-6031

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000027719 (0)

C.R. CONSTRUCTION ASSOCIATES, INC.

							3. Date Incorporated or Qualified 04/07/1995	1	e of Last 4/1996	Report
2. Principal Place of Business			2a. Mailing Address				4, FEI Number	1 (0) 1		
21		26	, walling Address				65-0570308			Applied For
Suite, Apt	#. etc	[20]	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·		00 007 0000			Not Applicable
22		27	27				5. Certificate of Status Desired See Required Fee Required			Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be			
23							Trust Fund Contribution Added to Fees			
Zip 24	Country 25	29	Zip	Cour	itry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes				
9. Name and Address of Current Registered			itered Agent				10. Name and Address of New Registered Agent			
AMERILAWYER					81 Name					
343 ALMERIA AVE				L	80 Deed Address (D.O. Day Marshall Mars					
CORAL GABLES FL 33134					82 Street Address (P.O. Box Number is Not Acceptable)					
					83					
				B4 City			FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 607.05	02 and 6	307 1508 Florida Statu	tes the ah	ove-named	como	ration submits this statement for the p		changing	its registered
office or i	registered agent, or both, in the Stat om familiar with, and accept the oblic	ë of Flori	da. Such change was :	authorized	by the corp	oratio	in's board of directors. I hereby accep	it the appoi	intment a	s registered
S!GNATURE	The state of the s	jan on o	1, 0001011 001.0000, 11	onda otato	100.					
a:GNATUNE	Signature, typical or printed name of registered as	jent ar dittle	e il applicable. (NO)	TE Registered	Agent signature	required	I when reinstating)	DATÉ		
12.	OFFICERS AN	O DIREC	CTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTO	RS IN 12
1171E	PD		DELETE	1.1 1(1)	E				Change	Addition
NAME	GRECO, RALPH J			1.2 NAM	AE .					
STREET ADDRESS 357 SW DWIGHT AVE			1.3 STREET ADDRESS							
City-St-ZiP PORT ST LUCIE FL			1.4 CITY-ST-ZIP							
TITLE	VS	~~~~	DELETE	2.1 TITL			·		Change	Addition
NAME	WENDELL, COLE			2.2 NAM	AE		•		•	_
STREET ADDRESS	471 SW DALVA AVE			23 \$18	EET ADDRESS					
CHY+S1+Z(P	PT ST LUCIE FL				Y-5T-ZIP					•
TITLE	7		DELETE	3.1 TITL				[Change	Addition
NAME	GRECO, RALPH J			3.2 NAM				_		
STREET ADDRESS	357 SW DWIGHT AVE				EET ADDRESS					
Dity-S1-ZIP	PT ST LUCIE FL				Y-\$1-2IP					
TITLE	ST		DELETE	4.1 7/TL					Change	Addition
NAME	WENDELL, ELIZABETH			4.2 NA					onlarige	/\adition
STREET ADDRESS	471 SE DALVA AVE			1	EET ADDRESS					
CITY-S1-ZIP	PT ST LUCIE FL				(-ST-ZIP					
TITLE	11 01 2001212	*****	DELETE	5.1 T(T)					Change	Addition
NAME				5.2 NAM					onenge	C. Addition
				1						
STREET ADDRESS				1	EET ADORESS					
CITY-ST-ZIP TITLE			OELETE	6.1 TITE	r-ST-ZIP	************		т	Change	Addition
NAM E									Alianâc	THE MUNICIPALITY
				6.2 NAN						
STREET ADDRESS					EET ADDRESS					
14 I do parel	by cortily that the information reports	الاخلالية الم	nie filing door not eval		/-ST-ZIP	atod L	n Section 118 07/3Vi) Elevida Statuta	1 fueba-	oorlife the	1.100
Information	on indicated on this annual report or	supplem	nental annual report is t	true and ac	curate and	that m	n Section 119.07(3)(i), Florida Statutes ny signature shall have the same legal	l affect es h	if mada u	nder nath: that
appoars i	in Block 12 or Block 13 if changed, (r the rec or on act	eiver or trustee empowattachment with an ad-	werea to ex dress.	ecute this re	apon e	as required by Chapter 607, Florida Si	atutės; and	o that my	name

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR