


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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90034 037 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000033886 (9) ✓

1. Corporation Name
CREST TRUST LTD., INC.



Principal Place of Business 777 SO. FLAGLER DRIVE STE 310 EAST WEST PALM BEACH FL 33401	Mailing Address 777 SO. FLAGLER DRIVE STE 310 EAST WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 777 S. FLAGLER DR		2a. Mailing Address 26 777 S. FLAGLER DR		3. Date Incorporated or Qualified 04/26/1995	
Suite, Apt. #, etc. 22 SUITE 1101 E		Suite, Apt. #, etc. 27 SUITE 1101 E		4. FEI Number 60 65-0649854 Applied For <input type="checkbox"/> Not Applicable	
City & State 23 WEST PALM BEACH, FL		City & State 28 WEST PALM BEACH, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33401		Zip 29 33401		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

William A. Shewalter
 777 S. Flagler Drive, Suite 1101E
 West Palm Beach, FL 33401

10. Name and Address of New Registered Agent

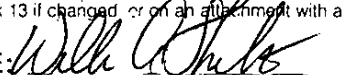
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 annual statements in Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am assuming all the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Garry L. Witt 777 S. Flagler Dr., Ste. 1101E West Palm Beach, FL 33401 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President/Treasurer Lawrence A. Silvestri 777 S. Flagler Drive., Ste. 11101E West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary Minnie S. Geist 777 S. Flagler Drive., Ste. 1101E West Palm Beach, FL 33401 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Doranne M. Garvin 777 S. Flagler Dr., Ste. 1101E West Palm Beach, FL 33401 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer William A. Shewalter 777 S. Flagler Drive., Ste. 1101E West Palm Beach, FL 33401 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

SIGNATURE  **William A. Shewalter, Asst. Treasurer** (561)833-3777
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0309606

CR2E034 (10/97)