


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

APPROVED
AND
FILED

97 JUL 31 AM 7:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # DA5000034138

1. Corporation Name

Crestway Corporation

Principal Place of Business Mailing Address

140 Harrogate Place
Longwood, FL 32779

3. Date Incorporated or Qualified
4/27/95

3a. Date of Last Report
1996

| | | | |
|--------------------------------|---------------------|----------------------------------|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 59-3324467 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 | 27 | <input type="checkbox"/> | |
| City & State | City & State | 6. Election Campaign Financing | \$5.00 May Be Added to Fees |
| 23 | 28 | Trust Fund Contribution | <input type="checkbox"/> |
| Zip | Country | 29 | 30 |
| 24 | 25 | 29 | 30 |

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Charles W. Cramer, Esquire
1420 Edgewater Drive
Orlando, FL 32804

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, 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 Charles W. Cramer Charles W. Cramer

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 | 1.1 TITLE |
| NAME | 1.2 NAME |
| STREET ADDRESS | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | 1.4 CITY-ST-ZIP |
| TITLE | 2.1 TITLE |
| NAME | 2.2 NAME |
| STREET ADDRESS | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | 2.4 CITY-ST-ZIP |
| TITLE | 3.1 TITLE |
| NAME | 3.2 NAME |
| STREET ADDRESS | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | 3.4 CITY-ST-ZIP |
| TITLE | 4.1 TITLE |
| NAME | 4.2 NAME |
| STREET ADDRESS | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | 4.4 CITY-ST-ZIP |
| TITLE | 5.1 TITLE |
| NAME | 5.2 NAME |
| STREET ADDRESS | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | 5.4 CITY-ST-ZIP |
| TITLE | 6.1 TITLE |
| NAME | 6.2 NAME |
| STREET ADDRESS | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | 6.4 CITY-ST-ZIP |

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****\$85.00 ****\$550.00

14. I do 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-97

Date

Daytime Phone #

407-788-3686

CR2E034 (9/96)