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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P95000034138 (4)**

**CRESTWAY CORPORATION** 

•	O DUSINESS	-				
140 HARROGATE PLACE LONGWOOD FL 32779		140 HARROGATE PLACE LONGWOOD FL 32778				
					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
					04/27/1995	
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.		26	<del>,,                                   </del>		59-3324467	Not Applicabl
Suite, Apt. #	W, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip		untry	8. This corporation owes or has paid the cu	irrent year Intangible
24	25	29	30			Yes No
	9. Name and Address of Curre	nt Registered Agent		ļ	10. Name and Address of New Registered	Agent
CR/	AMER, CHARLES W ESQ			81 Name		
1420 EDGEWATER DRIVE ORLANDO FL 32804				62 Street Address (P.O. Box Number is Not Acceptable)		
				83		
				84 City		85 Zip Code
				City	FL FL	_ las Zip Code
12.		ND DIRECTORS	13.		quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	CD	☐ DELETE	1.1 Ţ	ITLE		☐ Change ☐ Additio
NAME	MURDOCH, TREVOR		1.2 N	AME		_ , _
STREET ADDRESS	140 HARROGATE PLACE					
CITY-ST-ZIP	LONGWOOD FL 32779		1.3 S	TREET ADDRESS		_ ,
TITLE			1.40	ITY-ST-ZIP		
l l	TD SOLAN	DELETE	1.4 C 2.1 T	ITY-ST-ZIP		
NAME	FRANZ, BRIAN	☐ DELETE	1.4 C 2.1 T 2.2 N	ITY-ST-ZIP ITLE IAME		
STREET ADDRESS	FRANZ, BRIAN 140 HARROGATE PLACE	☐ DELETE	1.4 C 2.1 T 2.2 N 2.3 S	ITY-ST-ZIP  ITLE  IAME  TREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	FRANZ, BRIAN 140 HARROGATE PLACE LONGWOOD FL 32779		1.4 C 2.1 T 2.2 N 2.3 S 2.4 C	ITY-ST-ZIP  ITLE  IAME  FREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Additio
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	FRANZ, BRIAN 140 HARROGATE PLACE LONGWOOD FL 32779 VD SMITH, GREG		1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N	ITY-ST-ZIP  ITLE  IAME  FREET ADDRESS  CITY-ST-ZIP  ITLE  IAME		☐ Change ☐ Additio
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14. Thereby certify that the information supplied with this filling 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

Kuin 6-6

BRIAN 6. FRANZ

4-25.98

407-788-3686

**FILED** 

May 04 1998 8:00am

Secretary of State