FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000052834 (5)**

1. Corporation Name

CRISPIN & ~~ZIPPER~~, P.A.
ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
100 N.E. 15TH ST. SUITE 206 HOMESTEAD FL 33030	100 N.E. 15TH ST. SUITE 206 HOMESTEAD FL 33030

3. Date Incorporated or Qualified: 07/10/1995
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 201 NORTH KROME AVE	26 201 NORTH KROME AVE.
Suite, Apt. #, etc. 22 201-2A	Suite, Apt. #, etc. 27 201-2A
City & State 23 HOMESTEAD, FL	City & State 28 HOMESTEAD, FL
Zip / Country 24 33030-6018 / 25 USA	Zip / Country 29 33030-6018 / 30 USA

4. FEI Number: 65-0593060 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

CRISPIN, WILLIAM
100 N.E. 15TH ST.
SUITE 206
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name: WILLIAM CRISPIN
82 Street Address (P.O. Box Number is Not Acceptable): 201 NORTH KROME AVE
83: Suite 201-2A
84 City: HOMESTEAD **FL** 85 Zip Code: 33030

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: W. K. Crispin — 4/22/96
Signature, type or print name of officer making this change — (NOTE: Registered Agent signature required for this change) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	* 1 TITLE	PRESIDENT - DIRECTOR ☒ Change ☐ Addition
NAME	CRISPIN, WILLIAM	* 2 NAME	WILLIAM K. CRISPIN
STREET ADDRESS	% 100 N.E. 15TH STREET, SUITE 206	* 3 STREET ADDRESS	201 NORTH KROME AVE. # 201-2A
CITY-ST-ZIP	HOMESTEAD FL 33030	* 4 CITY-ST-ZIP	HOMESTEAD, FL 33030-6018
TITLE	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: W. K. Crispin — 4/22/96 — 305/247-7345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #