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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000052834

1. Corporation Name
CRISPIN & ASSOCIATES, P.A.



Principal Place of Business	Mailing Address
201 NORTH KROME AVE 201-2A HOMESTEAD FL 33030-6018 US	201 NORTH KROME AVE 201-2A HOMESTEAD FL 33030-6018 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	07/10/1995
4. FEI Number	65-0593060
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 93351 Overseas Hwy. Suite, Apt. #, etc. 22 #3 City & State 23 TAVERNIER, FL Zip 24 33070 Country 25 USA	26 93351 Overseas Hwy. Suite, Apt. #, etc. 27 #3 City & State 28 TAVERNIER, FL Zip 29 33070 Country 30 USA

9. Name and Address of Current Registered Agent
CRISPIN, WILLIAM
 201 NORTH KROME AVE
 SUITE 201-2A
 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)	93351 Overseas Hwy, #3
83	
84 City	TAVERNIER FL
85 Zip Code	33070

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: *William K. Crispin* DATE: 4/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CRISPIN, WILLIAM K	
STREET ADDRESS	201 NORTH KROME AVE #201-2A	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM K. CRISPIN	
STREET ADDRESS	93351 Overseas Hwy, #3	
CITY-ST-ZIP	TAVERNIER, FL 33070	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	93351 Overseas Hwy, #3
1.4 CITY-ST-ZIP	TAVERNIER, FL 33070
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *William K. Crispin, P.A.* DATE: 4/20/99 TIME: 3:05 PM PHONE: 852-2775
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)