

**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 # P95000064065 (2)**

1. Corporation Name  
**CRESSKILL, INC.**



Principal Place of Business  
**1416 EAST MAIN STREET  
PAHOKEE FL 33476**

Mailing Address  
**1416 EAST MAIN STREET  
PAHOKEE FL 33476**

2. Principal Place of Business  
21 **325 PARKVIEW CT.**  
Suite, Apt. #, etc.  
22  
City & State  
23 **PAHOKEE, FL**  
Zip  
24 **33476** Country  
25 **USA**

2a. Mailing Address  
26 **P.O. BOX 625**  
Suite, Apt. #, etc.  
27  
City & State  
28 **PAHOKEE, FL**  
Zip  
29 **33476-0625** Country  
30 **USA**

3. Date Incorporated or Qualified  
**08/17/1995**

3a. Date of Last Report  
**N/A**

4. FEI Number  
**65-060 1087**

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  
**HEFFERNAN, RICHARD L  
2911 EAST MAIN STREET  
PAHOKEE FL 33476**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent, or both, if applicable. (Date) Registered Agent signature responses when substituting (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, ROBERT W	1.2 NAME	
STREET ADDRESS	1416 EAST MAIN STREET	1.3 STREET ADDRESS	<b>325 PARKVIEW CT.</b>
CITY-STATE-ZIP	PAHOKEE FL 33476	1.4 CITY-STATE-ZIP	<b>PAHOKEE, FL 33476</b>
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, LORETTA M	2.2 NAME	
STREET ADDRESS	1416 EAST MAIN STREET	2.3 STREET ADDRESS	<b>325 PARKVIEW CT.</b>
CITY-STATE-ZIP	PAHOKEE FL 33476	2.4 CITY-STATE-ZIP	<b>PAHOKEE, FL 33476</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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)(k), 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: *Loretta M. Sherman* - LORETTA M. SHERMAN 4-3-96 (407)-924-2733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Phone #)

CR2E034 (12/95)