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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000064967 (9)

CRB & SONS, INC.

FILED Apr 22 1998 8:00am Secretary of State

Frincipal Place of Business 5782 GABO ROAD NORTH PORT FL 34287 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1995 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 08/22/1995 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State City & State Country Country Country Country Country DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1995 4. FEI Number Fee Required Fee Require
NORTH PORT FL 34287 NORTH PORT FL 34287 NORTH PORT FL 34287 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified O8/22/1995 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Et Number 2. Et Number 3. Date incorporated or Qualified O8/22/1995 4. Et Number 65-0611335 Not Applied For Suite, Apt. #, etc. 22 City & State 28 Zip Zip Country Zip Country 29 30 Personal Property Tax due June 30 Street Address of New Registered Agent BLACKMAN, CARLOS 5782 GABO ROAD NORTH PORT FL 34287
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1995 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Date Incorporated or Qualified 08/22/1995 4. FEI Number Applied For Not Applied Fo
2. Principal Place of Business 3. Principal Place of Business 4. Fet Number 6. Cettificate of Status Desired 4. Fet Number 6. Cettificate of Status Desired 4. Fet Number 6. Election Campaign Financing 7. Principal Place of Business 7. Principal Place of Business 7. Cettificate of Status Desired 8. Election Campaign Financing 8. This corporation owes or has paid the current year Intangible 8. This corporation owes or has paid the current year Intangible 8. Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 8. Name 8. Name 8. Name 8. Name 8. Name 8. Street Address (P.O. Box Number is Not Acceptable)
28. Mailing Address 26. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Applied For Country Applied For Suite, Apt. #, etc. Country Applied For Suite, Apt. #, etc. City & State City & State City & State City & State Country Added to Fees Added to F
26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Age Added to Fees Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite, Apt. #, etc. 22 City & State City & State Country 25 Country 29 Country 29 Name and Address of Current Registered Agent BLACKMAN, CARLOS 5782 GABO ROAD NORTH PORT FL 34287 Suite. Apt. #, etc. #, etc. Suite. Apt. #, etc.
City & State
City & State Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent BLACKMAN, CARLOS 5782 GABO ROAD NORTH PORT FL 34287 6. Election Campaign Financing Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)
28 Trust Fund Contribution Added to Fees Zip
24 25 29 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent BLACKMAN, CARLOS 5782 GABO ROAD NORTH PORT FL 34287 Street Address (P.O. Box Number is Not Acceptable)
9. Name and Address of Current Registered Agent BLACKMAN, CARLOS 5782 GABO ROAD NORTH PORT FL 34287 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)
BLACKMAN, CARLOS 5782 GABO ROAD NORTH PORT FL 34287 81 Name Street Address (P.O. Box Number is Not Acceptable)
5782 GABO ROAD 82 Street Address (P.O. Box Number is Not Acceptable) NORTH PORT FL 34287
NORTH PORT FL 34287
NONTH FORT FL 34207
84 City FL 85 Zip Code
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
Signature, typed or product name of registered agont and title if applicable (NOTE Registered Agont signature required when reinstalting) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D DELETE 1.1 TITLE Change Addition
NAME BLACKMAN, CARLOS 12 NAME
STREET ADDRESS 5782 GABO ROAD 1.3 STREET ADDRESS
CITY-ST-ZIP NORTH PORT FL 34287 1.4 CITY-ST-ZIP Change Addition
NAME 22 NAME
STREET ADDRESS 23 STREET ADDRESS
CITY-S1-ZIP 2.4 CITY-S1-ZIP
TIFLE DELETE 3.1 TIFLE 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 53 STREET ADDRESS
CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 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.

SIGNATURE:

Carlo Be

CARLOC BLACKMAN

4/16/98

901-126-9157

CR2E034 (10/97