

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

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000065983 (5)**

1. Corporation Name
CRATERS & FREIGHTERS OF FLORIDA CORPORATION

Principal Place of Business
**8330 LITTLETON ROAD
NORTH FORT MYERS FL 33903**

Mailing Address
**8330 LITTLETON ROAD
NORTH FORT MYERS FL 33903-2223**

3. Date Incorporated or Qualified 08/25/1995	3a. Date of Last Report 07/03/1996
4. FEI Number 65-0605649	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1136 NE PINE ISLAND RD	2a. Mailing Address 26 1136 NE PINE ISLAND RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 CAPE CORAL FL	City & State 28 CAPE CORAL FL
Zip 24 33909	Country 25
29 33909	30

9. Name and Address of Current Registered Agent STORRY, SUSAN M 4216 ERINDALE DRIVE N. FT. MYERS FL 33903		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 Zip Code	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STORRY, SUSAN M		1.2 NAME	
STREET ADDRESS 4216 ERINDALE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP NORTH FORT MYERS FL 33903		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STORRY, GENE		2.2 NAME	
STREET ADDRESS 4216 ERINDALE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP N. FT. MYERS FL 33903		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME MATTOS, DAN	
STREET ADDRESS		3.3 STREET ADDRESS 3827 E. RIVER DR	
CITY-ST-ZIP		3.4 CITY-ST-ZIP FT. MYERS, FL 33916	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: Susan M. Storry **SUSAN M. STORRY** 4/3/97 (941) 772-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)