

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90025 007 ***150.00

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DOCUMENT # P95000071684

1. Corporation Name
CRIME INC.

Principal Place of Business
**1014 LAKE AVE
LAKEWORTH FL 33460**

Mailing Address
**4811 122ND DR N
WEST PALM BEACH FL 33411**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/14/1995

4. FEI Number
65-0623719

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 **1014 LAKE AVE**

Suite, Apt. #, etc.
22 **SUITE A**

City & State
23 **LAKEWORTH FL**

Zip Country
24 **33460** 25 **USA**

2a. Mailing Address
26 **1014 LAKE AVE**

Suite, Apt. #, etc.
27 **SUITE A**

City & State
28 **LAKEWORTH FL**

Zip Country
29 **33460** 30 **USA**

9. Name and Address of Current Registered Agent

**FERGUSON, ADAM
4811 122ND DR N
WEST PALM BEACH FL 33411**

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 607.1508, 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **FERGUSON, ADAM**
STREET ADDRESS **4811 122ND DRIVE N**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **D** ☐ DELETE
NAME **GILL, CHARLES H**
STREET ADDRESS **401 MIRAMAR LA**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☐ DELETE
NAME **O'MALLEY, DAWN**
STREET ADDRESS **4811 122ND DRIVE N**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **DAWN O'Malley Ferguson**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

DAWN O'MALLEY FERGUSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 **561-586 3700**
Date Daytime Phone #

CR2E034 (1/98)