

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

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthey
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000006155 (1)

1. Corporation Name

CRP CONCH REPUBLIC PROPERTIES, INC.

Principal Place of Business

101 CRAIN STREET
GRASSY KEY FL 33050

Mailing Address

101 CRAIN STREET
GRASSY KEY FL 33050

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 10887 OVERSEAS

Suite, Apt. #, etc

22

City & State

23 MARATHON FL

Zip

Country

24 33050 25 USA

2a. Mailing Address

26 POB 522796

Suite, Apt. #, etc

27

City & State

28 MARATHON FL

Zip

Country

29 33052 30 USA

3. Date Incorporated or Qualified

01/19/1996

4. FEI Number

65-0687508

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 or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

SUSAN A. COATES

82 Street Address (P.O. Box Number is Not Acceptable)

10887 OVERSEAS HWY

83

84 City

MARATHON

FL

85 Zip Code

33050

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

Susan A. Coates

2-2-98

Signature type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSID	<input type="checkbox"/> DELETE
NAME	COATES, SUSAN A	
STREET ADDRESS	101 CRAIN STREET	
CITY-ST-ZIP	GRASSY KEY FL 33050	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SUSAN A. COATES	
1.3 STREET ADDRESS	10887 OVERSEAS HWY	
1.4 CITY-ST-ZIP	MARATHON FL 33050	
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

SIGNATURE

Susan A. Coates SUSAN A. COATES

1/19/98

305 743-7711

CR2E034 (1097)