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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000024708 (5)

CROUCH ENTERPRISES, INC.

FILED May 15 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 19823 GULF BOULEVARD 19823 GULF BOULEVARD SUITE 5 SUITE 5 INDIAN SHORES FL 34635 INDIAN SHORES FL 33785-2344					
				 Date Incorporated or Qualified 03/20/1996 	3a. Date of Last Report
2. Principal Pla	ace of Business Lake Highland 0-	2a. Mailing Address 26 3567 Lane	e Highlan/Da	4. FEI Number	Applied For
21 3567 Suite, Apt #	i, etc.	Suite, Apt. #, etc.	= 11 MAINATES	5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
City & State	Harber Fl	City & State	E /	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Palm Harbor	Country	Trust Fund Contribution 8. This corporation has tiability for	Added to Fees or intangible tax under s. 199.032,
24 3468	3 25 Pinelles	29 34683 3	o Pinelles	Florida Statutes	Yes XNo
·	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New I	Registered Agent
	A, STEPHEN A B GULF BOULEVARD				
SUITE			82 Street Add	Iress (P.O. Box Number is Not Accept	able)
	N SHORES FL 34835		83		
1			84 City	······································	85 Zip Code
					<u>FL [] </u>
office or re agent. Lan	gistered agent, or both, in the State in familiar with, and a sopt the oblig	of Florida Such change was au alions of, Section 607.0505, Flori	thorized by the corpore da Statutes.	poration submits this statement for the ation's board of directors. I hereby acc	ept the appointment as registered
S	alguature, typide or punted name of registered age		Registered Agent signature requ		DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change
	CROUCH, DOUGLASS A	Detter	1.2 NAME		E CHANGE E ROUTION
STREET ADDRESS	19823 GULF BOULEVARD		1.3 STREET ADDRESS		
CITY - ST - 7IP	INDIAN SHORES FL 34635		1.4 CITY-ST-ZIP		
Til.F		DELETE	2.1 TrTLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
OITY-ST-ZIP TITLE		☐ DELETE	2. 4 CiTY+ST-ZIP 3.1 TITLE		Change Addition
NAME		—	3.2 NAME		· · · · ·
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TIPLE .		☐ DELETE	4.1 Telle		Change Addition
NAME CLOSET ASSUMES			4. 2 NAME		
STREET ADDRESS City-St-Zip			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
THEE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME	*	Sh Shock
STREET ADDRESS			5.3 STREET ADDRESS		SALIJ/1.547
CITY-ST-ZIP			5.4 CITY - ST - ZIP		10/17/
THILE		☐ DELETE	61 TITLE	the state of the s	Change Addition
NAME			6.2 NAME	6000021: -05/27/9701	110020 110020
STREET ADDRESS			6.3 STREET ADDRESS	***165.00	1.10020
CITY ST-ZIP			6.4 CITY - ST - ZIP	***103.UU	

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 a 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 or an appears with an address.

SIGNATURE: