SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** 

P96000063639 (4)

MICHAEL CRABTREE & COMPANY, CPA'S

FILED
Aug 11 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address					
306-B BULLARD PARKWAY TAMPA FL 33617		306-B BULLARD PARKWAY TAMPA FL 33617			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 07/30/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59 - 348 5/93 Applied For
21		26			APPLIED FOR Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution L Added to Fees
Zip	Country	Zip	Cour	ntry	This corporation owes or has paid the current year Intengible
24	25		30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Registered Agent		81 Nar	10. Name and Address of New Registered Agent
	BTREE, MICHAEL			81 Nar	me
	B BULLARD PARKWAY		82 Stree		reet Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33617		ļ		_	
				83	1
				84 City	y FL 85 Zip Code
11. Pursuant	to the provisions of sections 607.0503	and 607 1508 Florida Statute	s the en	L L	
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 little if applicable. (NOTE: Registered Agent signature required when rehabiling)  DATE					
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D .	DELETE	1.1 TIT	LE	
NAME	CRABTREET, MICHAEL		1.2 NA		MICHAEL CUIBTICE & Change Addition
STREET ADDRESS	AAA B DUU LADO DADIOMAY		1.3 \$16	REET ADDRE	ESS
CITY-ST-ZIP	T44404 F1 00049		Y-ST-ZIP		
TITLE		DELETE	2.1 TIT	LE	Change Addition
NAME		-	2 2 NA	ME	
STREET ADDRESS	238		2.3 \$16	REET ADDRE	ESS
CITY-ST-ZIP		2.41		Y-ST-ZIP	
TITLE		DELETE	3.1 TIT	LE	Change Addition
NAME	32 NA		ME		
STREET ADDRESS			3.3 STF	REET ADDRE	ESS
CITY-ST-ZIP			3.4 CIT	Y-ST-ZIP	
TITLE	DELETE 4.110		LE	Change Addition	
NAME			4.2 NA	ME	
STREET ADDRESS			4.3 STF	REET ADDRE	ESS
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	
TITLE		DELETE	5.1 T(T	LE	Change Addition
NAME			5.2 NA	ME	
STREET ADDRESS			5.3 STF	REET ADDRE	ESS
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP	
TITLE		DELETE	6.1 TIT	LE	Change Addition
NAME			6.2 NA	ME	9000026135 <b>9</b> 9 <b>7</b> 411   ess   -08/12/9801015 <b>02</b> 9
STREET ADDRESS			6.3 ST	REET ADDRE	
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	***150.00 <b>D</b>

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 repolver 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 changing or on a factoring with a address!

MATURE MALLEN STATE OF THE STAT

1-98 (813) 989-1040

DEN SILS!

AS YOU CAN SEE THAN THE SUCIOSED PARKAGES IT HAVE TRIED, UNSCORESSITULY, TO COME UP WITH AN APPROXIME NAME CAME TOR THIS CERPLATION.

IN PARTONE 10, 1998 LETTER, PON LINE ME ONTH ALMOST 10th TO RE-SUBJUT MY DOCUMENTS.

I HAVE DECIDED, SIET I CARDIT USE THE NAME I MANTED TO CHANGE TO , TO LEAVE THE CORDRAGE NAME THE SAME,

SACE THE THIST TORY I SUBUTTED IS SO MARKED UP, I'LL JUST SUBUTTE ZID NOTICE YOU SENT ME INVITA THE APPROPRIATE CHAMES.

IM SUBMITTING THIS BETWEE THE JOHE 10 PAS DATE, SO IM STILL OWN SENDIL THE ORIGINAL \$ 150.00.

TAMUS TOT YOUR PATTEREE -

Muhar Civin



Secretary of State

∮June 10, 1998

CRABTREE & COMPANY, CPA'S 306-B BULLARD PKWY. TAMPA, FL 33617

SUBJECT: MICHAEL CRABTREE & COMPANY, CPA'S

Ref. Number: P96000063639

We have received your document for MICHAEL CRABTREE & COMPANY, CPA'S and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6909.

Letter Number: 598A00032584

Velma Shepard Corporate Specialist



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

May 14, 1998

MICHAEL CRABTREE & COMPANY, CPA'S 306-B BULLARD PARKWAY TAMPA, FL 33617

SUBJECT: MICHAEL CRABTREE & COMPANY, CPA'S

Ref. Number: P96000063639

PLEASE FAIR
SHEAD THE
SHEA

Please be advised, we have received your document for the above corporation; however, the document <u>has not been filed</u> and is being returned for the following:

The records of the Division of Corporations do not reflect a name change has been filed for this corporation as indicated on the enclosed annual report. This report cannot be filed under the new name until an amendment has been filed. For your convenience, enclosed are the instructions and/or forms to change the name. Please return the amendment and annual report together to the address indicated.

The amendment filing fee is \$35.

TO AVOID THE \$400.00 LATE FEBRUARE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN SURDAYS OF THE DATE OF THIS LETTER.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORT SECTION

Letter number: 598A00026857

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