

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 07, 1999 8:00 am
Secretary of State

05-07-1999 90146 032 ***158.75

DOCUMENT # P96000063639

1. Corporation Name

MICHAEL CRABTREE & COMPANY, CPA'S

Principal Place of Business

306-B BULLARD PARKWAY
TAMPA FL 33617

Mailing Address

306-B BULLARD PARKWAY
TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1996

4. FEI Number

59-3485193

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

2a. Mailing Address

21 10929 N. 56th STREET
Suite, Apt. #, etc.

26 10929 N. 56th ST
Suite, Apt. #, etc.

22

27

23 City & State

TAMPA, FLA

28 City & State

TAMPA, FL

24 Zip

33617

Country

29 Zip

33617

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRABTREE, MICHAEL
306-B BULLARD PARKWAY
TAMPA FL 33617

81 Name

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

10929 N. 56th STREET

83

84 City TAMPA

FL

85 Zip Code

33617

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

4-30-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CRABTREE, MICHAEL
STREET ADDRESS 306-B BULLARD PARKWAY
CITY-ST-ZIP TAMPA FL 33617

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 10929 N. 56th STREET
1.4 CITY-ST-ZIP TAMPA, FL 33617

X Change □ Addition

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

□ Change □ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

□ Change □ Addition

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

□ Change □ Addition

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

□ Change □ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

□ Change □ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-99 (813) 987-1040

CR2E034 (11/98)