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PROFIT CORPORATION ANNUAL REPORT

1997

DOCUMENT #

TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE : NAME



FLORIDA DEPARIMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000075086 (4)

CREW SERVICES OF THE KEYS, INC.

Principal Place of Business Mailing Address 6 DRURY DRIVE **POST OFFICE BOX 723** KEY LARGO FL 33037-0723 KEY LARGO FL 33037 3. Date Incorporated or Qualified 3a. Date of Last Report 09/10/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State Cily & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 Florida Statutes 24 25 30 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent AMERICAWYER CHARTERED 343 ALMERIA AVENUE 82 CORAL-GABLES FL-83134 Mianux 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 amprace of the obligations of, Section 607.0505. Florida Statutes. SIGNATURE 12. AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change DELFTE TITLE PSTD FRITCH, CHERYL F 1.2 NAME NAME 991 Gilbrather **6 DRURY DRIVE** STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 1.4 CITY - ST - Z/P DELETE Change Addition TITLE 2111111 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CHY-S1-7P ____ Addition DITEIF Change TITLE 31 THLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAM STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 C(1Y - S1 - ZIP DELETE Change ___ Addition 5.1 TITLE

5.2 NAME

6110115

6.2 NAME 6.3 STREET ADDRESS

DELETE

5.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this fiting 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 eath, that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attention with an address.

FILED May 19 1997 8:00am Secretary of State

Change

Addition

