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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085267 (8)

CRIMSON MANAGEMENT, INC.

,	ce of Business	Mailing Address				. cancing in spile geter parti abite batte par	U		1501	
12265 SOUTH DIXIE HIGHWAY 12265 SOUTH DIXIE			DIXIE HIGHWAY							
NO. 22 Miami Fl 33156		NU. 22 MIAMI FL 33151	NO. 22 Miami Fl. 33156			DO NOT WRITE IN THIS SPACE				
	•••					3. Date Incorporated or Qualified				
						10/15/1996				
2. Principal	Place of Business	2a. Mailing Add	ress			4. FEI Number		Ap	plied For	
26				<u> </u>		65-0700807	Not Applicable			
Suite, Apt. #, etc.			, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred			
22						6. Election Campaign Financing	\$5.00 May Be			
23 28						Trust Fund Contribution Added to Fees				
Zip	Country Zip			Country		8. This corporation owes or has paid the current year Intaggible				
24	25 29 30		30			Personal Property Tax due June 30.  Yes X No				
	9. Name and Address of Cu	irrent Registered Agent			· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registered	Agent			
	Lum <b>e</b> nfield, Jack R			81	Name					
	800 DOUGLAS RD			82	Street Add	ress (P.O. Box Number is Not Acceptable)				
	UITE 911			83	·					
C	ORAL GABLES FL 33134			63	ļ					
				84	· City	FL	85	Zip (	Code	
44 5	(0.7	0100 1007 1500	- 61-1 ( 1)			poration submits this statement for the purpose of				
SIGNATURE	Signature, typed or printed name of regularia		(NOTE: Regist		ent signature requi	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOR	S IN 12	
TITLE	OFFICERS AND DIRECTORS  DELETE			1.1 TITLE		ADDITIONO/OTIANGES TO OTT TOERS ARE	☐ Ch		Addition	
NAME	BLUMENFELD, JAN			1.2 NAME				- 9-		
STREET ADDRESS 12265 S. DIXIE HIGHWAY, NO. 22				1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33156	,	1.4	CITY - S	17 - ZIP					
TITLE	Ō			2.1 TITLE			Ch	ange	Addition	
NAME	<b>BL</b> UMENFELD, MIKE		2.5	NAME						
STREET ADDRESS	12265 S. DIXIE HIGHWAY	, NO. 22	2:	STHEET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33156			4 CITY-	ST-ZIP				- <del></del>	
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NAME				NAME						
STREET ADDRESS			E .		ADDRESS					
CITY-ST-ZIP				CITY-S	ST-ZIP		Ch	2000	Addition	
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STREET ADDRESS					ADDRESS					
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CITY-ST-ZIP TITLE	<del>-</del>			OTTO 1	T 7(D					
NAME				I CITY - S	ST-ZIP		Ch	ange	Addition	
		D	LETE 5.1	TITLE	ST-ZIP		☐ Ch	ange	Addition	
,		D <sub>i</sub>	LETE 5.1	TITLE NAME	ST - ZIP ADDRESS		☐ Ch	ange	Addition	
STREET ADDRESS CITY-ST-ZIP		D <sub>1</sub>	5.2 ETE 5.2 5.3 5.3	TITLE NAME	ADDRESS		☐ Ch	ange	Addition	

14. I hereby certify that the information supplied with this filling 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.

63 STREET ADDRESS