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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086284 (2)

CR-TEK, INC.

Principal Place of Business		Mailing Address				SOLDE IENEN BYNN 11031 FOUNT	J(B) (00)
1100 BEL AIRE DRIVE WEST PEMBROKE PINES FL 33027-2219		1100 BEL AIRE DRIVE WEST PEMBROKE PINES FL 33027-2219					
					3. Date incorporated or Qualified 10/16/1996	3a. Date of Last Re	port
2. Principal Place of Business 2a. Mailing Addr			ress		4. FEI Number	Apı	plied For
21	26				65-0712823	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22	27					Fee Rec	·
City & State					6. Election Campaign Financing	\$5.00	
23 Zin	Country	[28]			Trust Fund Contribution	Added to	
Zip	han			у	8. This corporation has liability for in Florida Statutes	ntangible tax under s. Yes \textbf{\textit} No	199.032,
24	9. Name and Address of Current		30		10. Name and Address of New Reg		
FURMAN, HOWARD MARK CORNERSTONE ONE, SUITE 220							
1200 S. PINE ISLAND ROAD			82	Street Addi	ress (P.O. Box Number is Not Acceptabl	c) .	
PLANTATION FL 33324			83	3			
, 50	MANON I E GOODE			<u> </u>			
			84	City		FL 85 Zip C	oae
office or r	to the provisions of Sections 607.0502 agistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	authorized b	by the corporat	poration submits this statement for the pution's board of directors. I hereby accept	urpose of changing its	registered registered
SIGNATURE							
	Signature, typed or printed name of registered agen			gent signature requi	red wher reinstaling)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	11 11111			∟. Change	Addition
	NAME GONZALEZ, MARIO A PH.D		1.2 NAME				[7
STREET ADDRESS 1100 BEL AIRE DR. WEST				T ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33027-22	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE			Change	Addition
TITLE	D CONTAILET INDA A DAI	L_J Officit				onlarige	L Addition
NAME	GONZALEZ, LINDA A R.N.		2.2 NAME		•		
STREET ADDRESS	1100 BEL AIRE DR. WEST	140		1 ADDRESS			
CITY-ST-ZIP PEMBROKE PINES FL 33027-2219		DELETE	2 4 CITY - ST - ZIP 3.1 TITLE			Change	Addition
NAME			3.2 NAME			- January	
STREET ADDRESS				.1 ADDRESS			
CITY-ST-ZIP			34 CITY				
TITLE	DEL DEL		4.1 TITLE			☐ Change	☐ Addit₁on
NAME			4. 2 NAME				
STREET ADDRESS			B .	T ADDRESS			
CITY-ST-ZIP			4.4 CITY	ST - ZIF			
TITLE	☐ OFLETE		5.1 TITLE			Change	Addition
NAME			52 NAME				
STREET ADDRESS			5.3 \$1REE	1 ADDRESS			
CITY-ST-ZIP			5.4 C(1)Y-	\$1 - 7IP			
TITLE		DELETE	6.1 TOLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			G.3 STREE	T ADDRESS			
CITY-ST-ZIP		W. D. L. CR.	6 4 CITY				
IA IAO berei	ou carnty that the information curreline	with this block done had aughit	V Trit the ev	ampuoo etaloi	rt in Section 119 07/3)(i). Florida Statutos	z i aurmor corldy that t	arara I

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee or powered 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.

May 14 1997 8:00am

Secretary of State