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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9

CRASTO Services, Inc.

Principal Place of Business

Mailing Address

FILED

Apr 07 1998 8:00am

Secretary of State

2819 NE 1572 St-			
2829 NE 15th St.		DO NOT WRITE IN THIS SPACE	
		3. Date incorporated or Qualified 10 31 9 6	
2. Principal Place of Business	2a. Mailing Address	n,	4. FEI Number Applied For
21	26 2 9 2 9 NS Suite, Apt. # etc.	15% 54.	65-0704024 Not Applicable
Suite, Apt. # etc.			
City & State	City & State		Fee Required
23	28 Pomp	= 1.	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 25	29 33062 3	Country 0 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Monday
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
F1. Incorporators, Onc. By Stept Address (PO Bry Number is Not Accordated)			
82 Street Address (PO Box Number is Not Acceptable)			
15 Sidonia Ave, Sto Z Bas Number is Not Acceptable) 1321 Brickell Ave Ste 900			
		1001	
LORAL GABLES, Fl.	33134-3440	3 84 City	- 85 Zip Coge
		1 1 1	ami FL 33131
office or registered agent, or both, in the State	z and 607.1508, Florida Statutes of Florida: Such change was aut	, the above-named co horized by the corpo	orporation submits this statement for the purpose of changing its registered ration's board of directors. Thereby accept the appointment as registered
		da Statutes	0 .1 4 11/16
SIGNATURE Signature Typind or priviled name of registered ager	Mark Mark	Mankins Hegsteied Agent Eighaluse re	resident 4/1/71
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILL PRESIDENT	DELETE	11 TIFLE	☐ Change ☐ Ade-tion:
NAME Sweeney, CHRISTOP	piec	12 NAME	,
STREET ADDRESS 2829 NE 153 31		13 STREET ADDRESS	
CITY-ST-ZIP Pomp F1. 33	062	1.4 CITY- ST - ZIP	
TITLE V. P.	☐ DELETE	2.1 TITLE	☐ Change ☐ Add-tion
NAME Roeder The James	ر ک	22 NAME	1
STREET ADDRESS 14319 DAIRY OLALE	e et	2 3 STREET ADDRESS	
STREET ADDRESS 14319 DAVING RECEIVEST ZIP BOLDWIN, MO	. 21013	2 4 CITY-ST-ZIP	·
TREASURER	DECETE	3 1 1ITLE	☐ Change ☐ Add:tion
		3 2 NAME	4
STREET ADDRESS SEE A WE 15 13 5	T 026/ 2	3 3 STREET ADDRESS	
CITY-ST-ZIP Pomp Bch, F-	1. 3306 Z	34 CHY-ST-ZIP	
TITLE	□ DFLETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	Driere	4.4 CHY- S1- 7IP	
TITLE	☐ DELETE	511111	☐ Change ☐ Ade tion
NAME		5.2 NAME	ポ ネー
STREET ADDRESS		5.3 STREET ADDRESS	";[[¬
TITLE	DELETE	5.4.0-1Y-S1-ZIP	100002482934;
1	□ DECETE	6.1 1110	1000024325542;
NAME		6.2 NAM!	***150.00
STREET ADDRESS		6.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·

14. Thereby certify that the information supplied with this liting does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If urther certify that the information indicated on this aurual report or suppliemental annual report is true and accurate and that my signature shall have the same logal 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. KRISTIG Sweney 3/29/98 (954)
10ER OR DIRECTOR
10ER OR DIRECTOR