SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED Aug 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # ?97000010186 (9) CREST INVESTMENT, INC. Principal Place of Business Mailing Address ONE BEACH DRIVE S.E. P.O. BOX 1139 SUITE 200 ST PETERSBURG FL 33731-1139 ST PETERSBURG FL 33701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1997 Principal Place of Business 2a. Mailing Address Applied For -0762829 WARTH DALE BUD 3837 WORTH DILE BLUD Not Applicable \$8.75 Additional 5. Certificate of Status Desired Suite 334 SUITE Fee Required 22 \$5.00 May Be 6. Election Campaign Financing THEA FC 23 Trust Fund Contribution Added to Fees Country SA 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 3624 25 29 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KEATON, KAREN S KEATON & RUTLAND, P.A. 82 ONE BEACH DR. S.E., STE 200 83 ST PETERSBURG FL 33701 City 7. 84 PETERS BURG 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. JOHN P. CULLEM SIGNATURE Signature, typod or and title if applicable (2/38)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DILECTUR, TITLE 1.1 TITLE DELETE BERNICE PENA, ALINA MOZĪ NAME 1.2 NAME 3837 NORTH DALE BLUD, SHITE 354 P.O. BOX 1139 STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL 33731-1139 ,FL 53624 CITY-ST-ZIP 1.4 CITY ST-ZIP TITLE 2.1 TITLE L_] DELETE ___ Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ____ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change ___ Addition 5000026204**7**5 NAME 6.2 NAME -08/20/98--01006--0**3**6 STREET ADDRESS 6.3 STREET ADDRESS *****5**50.00 CITY-ST-ZIF 6.4 CiTY-ST-ZIP

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 changen, or on an attachment with an podress.

SIGNATURE:

DISTRIPRESIDENT/DIRECTOR 7/LY/98