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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000014789 (6)

FILED
Apr 02 1998 8:00am
Secretary of State

R.B. CROCKER COMPANY Principal Place of Business Mailing Address 5003 NORMAN H. CUSTOM DRIVE 5603 NORMAN H. CUSTOM DRIVE ORLANDO FL 32821 ORLANDO FL 32821 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/14/1997 2. Principal Place of Business 2a. Mailing Address Applied For 5 KESTRAI WAY 5 KESTRAL WAY Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 **CORAL GABLES FL 33134** 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or poration submits this statement for the purpose of changing its registered agent. I am familiar with an accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when roinstating) typed or printed name of registered agent and title if applicable CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE TITLE CROCKER, R.B. NAME 1.2 NAME 5 KESTRAL WAY 5603 NORMAN H. CUSTOM DRIVE STREET ADDRESS 1.3 STREET ADDRESS KEY WEST, FL 33040 ORLANDO FL 32821 1.4 CITY - ST- ZIP CITY-ST-ZIP DELFTE Change Addition 2.1 TH (E TITLE NAME CROCKER, MELANIE L 2.2 NAME 5 KESTRAL WAY
KEY WEST, E 33040 5603 NORMAN H. CUSTOM DRIVE 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32821 CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE I. Change Addition TITLE 3.1 TITLE NAME 3.2 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 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST- ZIP DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 this corporation or the receiver or trustate employeed 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 open attachment with an address.

OLOMATURE.

P.B. CROCKER

1-15-98

305-294-5121