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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 09, 1999 8:00 am Secretary of State

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1. Corporation Name CRP INTERNATIONAL CO	RPORATION							
Principal Place of Business	Mailing Address			1 1884(84) (\$6 1811) 1861) Settr servi	,			
1411 STAR JASMINE LANE BRANDON FL 33511	1411 STAR JASMINE LANE BRANDON FL 33511	,		DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed 03/11/1997				
2. Principal Place of Business	2a. Mailing Address			4, FEI Number Applied F	or			
21	26			NOT APPLICABLE Not Applie				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Addition Fee Required	al ——			
City & State	City & State			6. Election Campaign Financing \$5.00 May B	•			
23	28			Trust Fund Contribution Added to Fees				
Zip Country	y Zip Cou	intry		8. This corporation owes the current year Intangible Personal Property Tax.				
9. Name and Addre	ss of Current Registered Agent	ļ		10. Name and Address of New Registered Agent				
DATE CONSTANCA D		81	Name					
RAPINI, CONSTANCA R 1411 STAR JASMINE LAN	NE .	82	Street Addr	ress (P.O. Box Number is Not Acceptable)				
BRANDON FL 33511		83						
		84	City	FL 85 Zip Code	-			
office or registered agent, or both	tions 607.0502 and 607.1508, Florida Statutes, the a , in the State of Florida. Such change was authorized ept the obligations of, Section 607.0505, Florida Stat	i by i	the corporation	oration submits this statement for the purpose of changing its registe on's board of directors. I hereby accept the appointment as registered	red I			

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE									
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTO	RS IN 12			
TITLE	D DELETE	1.1 TITLE			☐ Change	☐ Addition			
NAME	RAPINI, ARIVALDO	1.2 NAME		."		}			
STREET ADDRESS	1411 STAR JASMINE LANE	1.3 STREET ADDRESS							
CITY-ST-ZIP	BRANDON FL 33511	1.4 CITY+ST-ZIP	·						
TITLE	D DELETÉ	2.1 TITLE			Change	☐ Addition			
NAME	RAPINI, ILDA C	2.2 NAME							
STREET ADDRESS	1411 STAR JASMINE LANE	2.3 STREET ADDRESS							
CITY-ST-ZIP	BRANDON FL 33511	2.4 CITY-ST-ZIP		·					
TITLE	☐ DELETE	3.1 TITLE	*		☐ Change	Addition			
NAME	•	3.2 NAME	, ,			1			
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP	<u> </u>	3.4, CITY-ST-ZIP							
TITLE	☐ DELETE	4.1 TITLE			☐ Change	Addition			
NAME (4. 2 NAME	•			ļ			
STREET ADDRESS		4.3 STREET ADDRESS	•	٠.		1			
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE	. DELETE	5.1 TITLE			☐ Change	Addition			
NAME		5.2 NAME	, .						
STREET ADDRESS	•	5.3 STREET ADDRESS				}			
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	☐ DELETE	6.1 TITLE			Change	☐ Addition			
NAME		6.2 NAME	4	•					
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 arm 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, with all other like empowered.

SIGNATURE: