

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

FILED

Sep 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000023465 (2)**

1. Corporation Name  
**C.R. DEVELOPMENT, INC.**



Principal Place of Business <b>121 WARBLER LANE SOUTH SARASOTA FL 34236</b>	Mailing Address <b>121 WARBLER LANE SOUTH SARASOTA FL 34236</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1233 - 2ND STREET</b> Suite, Apt. #, etc. 22 City & State 23 <b>SARASOTA, FL</b> Zip 24 <b>34236</b>		2a. Mailing Address 25 <b>1233 - 2ND STREET</b> Suite, Apt. #, etc. 27 City & State 28 <b>SARASOTA, FL</b> Zip 29 <b>34236</b>		3. Date Incorporated or Qualified <b>03/17/1997</b>	
		4. FEI Number <b>65-0751527</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MILONAS, TASO M 1819 MAIN STREET SUITE 1100 SARASOTA FL 34236</b>		10. Name and Address of New Registered Agent B1 Name <b>J. MICHAEL HARTENSTINE</b> B2 Street Address (P.O. Box Number is Not Acceptable) <b>200 SOUTH ORANGE AVE</b> B3 B4 City <b>SARASOTA</b> FL B5 Zip Code <b>34236</b>	
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11. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/14/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAPLIN, LEE H</b>	1.2 NAME	<b>CHAPLIN, LEE H</b>
STREET ADDRESS	<b>121 WARBLER LANE SOUTH</b>	1.3 STREET ADDRESS	<b>1362 HARBOR DRIVE</b>
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>	1.4 CITY-ST-ZIP	<b>SARASOTA, FL 34239</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSSELL, STEPHEN D</b>	2.2 NAME	<b>RUSSELL, STEPHEN D.</b>
STREET ADDRESS	<b>4 SAWGRASS VILLAGE, SUITE 200E</b>	2.3 STREET ADDRESS	<b>1233 - 2ND STREET</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	2.4 CITY-ST-ZIP	<b>SARASOTA, FL 34239</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 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 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 from an attachment with an address.

SIGNATURE:

**STEPHAN D. RUSSELL**

**8/17/98**

CR2E034 (10/97)