

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

**FILED**  
**May 07 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	--

**DOCUMENT #** PA700032958  
 1. Corporation Name  
CREW QUARTERS INC

Principal Place of Business <u>408 S.E. 18th ST FT. LAUDERDALE FL 33316</u>	Mailing Address
--	-----------------

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
11 April 97

2. Principal Place of Business 21 <u>408 S.E. 18th ST</u>	2a. Mailing Address 26 <u>7 S.W. 13th ST</u>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <u>FT Lauderdale</u>	City & State 28 <u>FT Lauderdale</u>
Zip 24 <u>33316</u>	Country 25 <u>Broward</u>
Country 29 <u>FL</u>	Zip 30 <u>33315</u>

4. FEI Number <u>650743106</u>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

10. Name and Address of New Registered Agent

81 Name <u>SEAN JOHNSON</u>
82 Street Address (P.O. Box Number is Not Acceptable) <u>7 SW 13th STREET</u>
83
84 City <u>FT Lauderdale</u> <b>FL</b> 85 Zip Code <u>33315</u>

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] DATE 4/23/98  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <u>President</u>	<input type="checkbox"/> DELETE
NAME <u>LOUIS DUPRE</u>	
STREET ADDRESS <u>408 S.E. 18th ST</u>	
CITY - ST - ZIP <u>FT Lauderdale, FL 33316</u>	
TITLE <u>Vice President</u>	<input type="checkbox"/> DELETE
NAME <u>BARBARA CROMAN</u>	
STREET ADDRESS <u>408 S.E. 18th ST</u>	
CITY - ST - ZIP <u>FT Lauderdale, FL 33316</u>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE 4/23/98 DAYTIME PHONE # 954-764-0404  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)