

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000065647
 1. Corporation Name
C & R DUJON, INC.

Principal Place of Business 1481 Kastner Place Lake Monroe, FL 32746	Mailing Address P. O. Box 470281 Lake Monroe, FL 32747-0281
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2. Principal Place of Business 21 1481 Kastner Place	2a. Mailing Address 26 P.O. Box 470281	3. Date Incorporated or Qualified July 28, 1997	3a. Date of Last Report
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3458881	Applied For Not Applicable
City & State 23 Lake Monroe, FL	City & State 28 Lake Monroe, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 32746	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country	Zip 29 32747-0281	Country 30 Seminole	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent RICHARD G. DUJON 1481 Kastner Place Lake Monroe, FL 32746		10. Name and Address of New Registered Agent 81 Name CAROLYN S. DUJON 82 Street Address (P.O. Box Number is Not Acceptable) 1481 Kastner Place 83 84 City Lake Monroe FL 85 Zip Code 32746	
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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 *Carolyn S. Dujon* DATE **3/09/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D <input type="checkbox"/> DELETE	NAME DUJON, CAROLYN S.	1.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1481 Kastner Place	CITY-ST-ZIP Lake Monroe, FL 32746	1.2 NAME DUJON, CAROLYN S.	1.3 STREET ADDRESS 1481 Kastner Place
TITLE VP/D <input checked="" type="checkbox"/> DELETE	NAME DUJON, RICHARD G.	1.4 CITY-ST-ZIP Lake Monroe, FL 32746	2.1 TITLE
STREET ADDRESS 1481 Kastner Place	CITY-ST-ZIP Lake Monroe, FL 32746	2.2 NAME	2.3 STREET ADDRESS
TITLE	NAME	2.4 CITY-ST-ZIP	3.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	3.3 STREET ADDRESS
TITLE	NAME	3.4 CITY-ST-ZIP	4.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	4.3 STREET ADDRESS
TITLE	NAME	4.4 CITY-ST-ZIP	5.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.3 STREET ADDRESS
TITLE	NAME	5.4 CITY-ST-ZIP	6.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.3 STREET ADDRESS
TITLE	NAME	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP		6.2 NAME 600002456876
			6.3 STREET ADDRESS -03/13/98--01057--014
			6.4 CITY-ST-ZIP ***150.00

14. I do 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, or on an attachment with an address.

SIGNATURE: *Carolyn S. Dujon* DATE: **3/09/98** **323-0990**

CRPE034 (9/96)