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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000071150 (1)

FILED May 21 1998 8:00am Secretary of State

1. Corporate BROW	on Name /N, CRAWFORD & PAULSEN	ASSOCIATES, INC.	,		
Principal Plac	ce of Business	Mailing Address			10001 11001 11001 01111 0011 1001
1817 N FLAGLER DR STE 104 1617 N FLAGLER DR STE WEST PALM BEACH FL 33407 WEST PALM BEACH FL 3					
{				DO NOT WRITE IN TH	IS SPACE
				 Date Incorporated or Qualified 08/15/1997 	
2. Principal i	Place of Business	2a. Mailing Address 26		4. FEI Number	Applied For Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	T 70	Trust Fund Contribution	Added to Fees
24	25 Codnity	Zip 29	Country	8. This corporation owes or has paid the	
<u></u>	9, Name and Address of Current		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
	VANSCHEPEN, BRENDA DEE			vi ivoi ilogiotoi	
1617 N FLAGLER DR STE 104			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
W	EST PALM BEACH FL 33407		83		
			84 City	* ***	85 Zip Code
			1 1 1	F	L ' '
office or agent. La	t to the provisions of Sections 607,0502 registered agent, or both, in the State c am f <mark>amil</mark> iar with, and accept the obligat	and 607.1508, Flori da Stat i f Horida. Such cha <mark>nge was</mark> ons of, Section 60 <mark>7.0505,</mark> f	ites, the above-named corp authorized by the corpora forida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	Signature typed or printed numer of registered agent	profittis familianilla (A)C	TE Registered Agent signature requi		
12.	OFFICERS AND		13.	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	OFFICE	☐ DELETE	1.1 TITLE	ADDITIONAL TO OTHER TO A	Change Addition
NAME	Brenda D. VanSchepen		1.2 NAME		_ ·,
STREET ADDRESS	11110-1-1-1		1.3 STREET ADDRESS		
CITY-ST-ZIP	Supiter Fl. 33478		1.4 CHTY - ST - ZPP		
TITLE	President	☐ DELETË	2.1 TITLE		Change Addition
NAME	Hector C. Mess		2.2 NAME		
STREET ADDRESS	Hector C. Mesy- 1617 N. Playler Dr. Wast Palm Beh. A.	オマリハウ	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	Wast MAN BON. TI	Doner.	2. 4 CITY - ST - ZIP		
NAME		☐ DELETE	3.1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME		
City-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELETE	3.4. CHY-ST-7IP 4.1 TITLE		Change Addition
NAME	1	<u> </u>	4 2 NAME		T our do T vocality)
STREET ADDRESS			4.3 STREET ADDRESS		
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		ļ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		41 Cl., a. al.,	6.4 CITY-\$1-7IP	Section 119 07(3\f)) Florida Statutes I further	

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 phanged on on an attachniful with an address.