

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 29 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000083753 (8)
 1. Corporation Name
 CHURCH & CRAWFORD, LTD., INC.



Principal Place of Business: 265 SUNRISE AVENUE SUITE 204, PALM BEACH FL 33480
 Mailing Address: 265 SUNRISE AVENUE SUITE 204, PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1795 E HWY 50 Suite, Apt. #, etc.		26 1795 E HWY 50 Suite, Apt. #, etc.		09/26/1997	
22 STE A City & State		27 STE A City & State		4. FEI Number 65-0783341	
23 CLERMONT, FL Zip		28 CLERMONT, FL Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 34711		29 34711		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	

9. Name and Address of Current Registered Agent
 MINTMIRE, DON
 265 SUNRISE AVENUE SUITE 204
 PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name	DAVID GARRICK, JR.
82 Street Address (P.O. Box Number is Not Acceptable)	1795 E HWY 50,
83	STE A
84 City	CLERMONT FL 85 Zip Code 34711

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: *David Garrick, Jr.* DIRECTOR DATE: 7/22/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE
NAME	PERLSTEIN, SHARONE	PRES <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	265 SUNRISE AVENUE SUITE 204	1.2 NAME
CITY-ST-ZIP	PALM BEACH FL 33480	1.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
NAME		2.1 TITLE
STREET ADDRESS		DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		2.2 NAME
TITLE	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
NAME		2.4 CITY-ST-ZIP
STREET ADDRESS		3.1 TITLE
CITY-ST-ZIP		3.2 NAME
TITLE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
NAME		3.4 CITY-ST-ZIP
STREET ADDRESS		4.1 TITLE
CITY-ST-ZIP		4.2 NAME
TITLE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
NAME		4.4 CITY-ST-ZIP
STREET ADDRESS		5.1 TITLE
CITY-ST-ZIP		5.2 NAME
TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
NAME		5.4 CITY-ST-ZIP
STREET ADDRESS		6.1 TITLE
CITY-ST-ZIP		6.2 NAME
TITLE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
NAME		6.4 CITY-ST-ZIP
STREET ADDRESS		
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, or on an attachment with an address.

SIGNATURE: *David Garrick, Jr.* 7/22/98 (352) 243-0440

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