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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000090897

1. Corporation Name

CRG SERVICES, INC.

Principal Place of Business	Mailing Address		· (\$41144) (14 1411) (441) 4411		
80 SW 91 AVE	P O BOX 17433				
SUITE 206 PLANTATION FL 33318 PLANTATION FL 33324 US US			DO NOT WRITE	IN THIS SPACE	
			3. Date Incorporated or Qualifed	III TO OT THE	
00			10/22/1997		
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	App	plied For
21 252 NW 97 AVE	26 252 NW 9	IT AUE	65-0793657	Not	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	_ <b>\$8.75</b> A	
22	27		J. Commodic of California	Fee Re	<u>-</u>
City & State	City & State	- 1 -	6. Election Campaign Financing	\$5.00	' '
23 PLANTATION FL	28 PLANTAT	Country	Trust Fund Contribution	Added to	o rees
Zip Country  24 33324 25 4.54	Zip 33324 [3	o usa	<ol> <li>This corporation owes the current Personal Property Tax.</li> </ol>	year intangible	ZÍNo
24 3 5 3 2 4 25 USA 9. Name and Address of Current F	23	00 00377	10. Name and Address of New Reg		
	- <u>g</u>	81 Name			
GOODNOUGH, CATHY		93 Street As	Ideas (D.O. Bay Number is Not Assentable		
461 WEST MT. VERNON DRIVE		82 Street Ac	ddress (P.O. Box Number is Not Acceptable 252 NW 97 AUE	*)	
PLANTATION FL 33325		83			
· .		94 05.		85 Zip C	- de /
			PLANTATION	- FL     33	
Pursuant to the provisions of Sections 60 0502 office or registered agent, or both, in the late of agent. I am familiar with and accept the obligation.	and 607.1508, Florida Statutes	, the above-named co	proporation submits this statement for the put	rpose of changing its	registered
office or registered agem, or both, in the lotate of agent. I am familiar with and accept the obligation	ns of Section 997.0505. Plorid	da Statutes.	ation's board of directors. Thereby accept to	le appointment as reg	12/26/49
					0/~7/1
4/4/4/14	my )	001		3411169	
SIGNATURE Signature, typed or printed name of registered agent	title if applicable. (NOT€: F	Registered Agent signature requ	uired when reinstating)	DATE	
SIGNATURE  Signature, type of printed name of negationed agent  12. OFFICERS AND	title if applicable. (NOTE: F	Registered Agent signature requ		DATE CERS AND DIRECTO	
SIGNATURE  Signature, type of printed manager registered agent  12. OFFICERS AND  TITLE PD	title if applicable. (NOT€: F	Registered Agent signature required 13.	uired when reinstating)	DATE	RS IN 12
SIGNATURE  Signature, type-of printed raphy-of registered agent  12. OFFICERS AND  TITLE PD  NAME GOODNOUGH, CATHY  20. CM 04. AVE. CHITE 200	title if applicable. (NOTE: F	Registered Agent eignature required 13.  1.1 TITLE  1.2 NAME	ADDITIONS/CHANGES TO OFFICE	DATE  ERS AND DIRECTO  Change	RS IN 12
SIGNATURE  Signature, type of printed name of heatstered agent  12. OFFICERS AND  TITLE PD  GOODNOUGH, CATHY  STREET ADDRESS 80 SW 91 AVE SUITE 206	title if applicable. (NOTE: F	Registered Agent signature required 13.  1.1 TiTLE  1.2 NAME  1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE	DATE  ERS AND DIRECTO  Change	RS IN 12
SIGNATURE  Signature, type of printed name of heatfored agent  12. OFFICERS AND  TITLE PD GOODNOUGH, CATHY  STREET ADDRESS 80 SW 91 AVE SUITE 206  PLANTATION FL 33324	title if applicable. (NOTE: F	Registered Agent eignature required 13.  1.1 TITLE  1.2 NAME	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE  ERS AND DIRECTO  Change	RS IN 12
SIGNATURE  Signature, type of printed manager registered agent  12. OFFICERS AND  TITLE PD  GOODNOUGH, CATHY  STREET ADDRESS 80 SW 91 AVE SUITE 206  PLANTATION FL 33324  TITLE	My title if applicable. (ploTE: F DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE	DATE  ERS AND DIRECTO  Change	PRS IN 12 ☐ Addition
SIGNATURE  Signature, type of printed name of heatfored agent  12. OFFICERS AND  TITLE PD GOODNOUGH, CATHY  STREET ADDRESS 80 SW 91 AVE SUITE 206  PLANTATION FL 33324	My title if applicable. (ploTE: F DIRECTORS	13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICE	DATE  ERS AND DIRECTO  Change	PRS IN 12 ☐ Addition
SIGNATURE  Signature, type of printed manager registered agent  12. OFFICERS AND  TITLE PD  NAME GOODNOUGH, CATHY  STREET ADDRESS OF PLANTATION FL 33324  TITLE  NAME	My title if applicable. (ploTE: F DIRECTORS	13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICE	DATE  ERS AND DIRECTO  Change	R\$ IN 12  Addition
SIGNATURE  Signature, type of printed nighty of registered agent  12. OFFICERS AND  TITLE PD  NAME GOODNOUGH, CATHY  STREET ADDRESS OF PLANTATION FL 33324  TITLE  NAME  STREET ADDRESS STREET ADDRESS	My title if applicable. (ploTE: F DIRECTORS	13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE	DATE  ERS AND DIRECTO  Change	PRS IN 12 ☐ Addition
SIGNATURE  Signature, type of printed nighty of registered agent  12. OFFICERS AND  TITLE PD  GOODNOUGH, CATHY  80 SW 91 AVE SUITE 206  PLANTATION FL 33324  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DIRECTORS  DELETE	13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE	DATE  ERS AND DIRECTO  Change  3 3 3 2 4  Change	R\$ IN 12  Addition
SIGNATURE  Signature, type of printed nighty of Registered agent  12. OFFICERS AND  TITLE PD  GOODNOUGH, CATHY  80 SW 91 AVE SUITE 206  PLANTATION FL 33324  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE	DIRECTORS  DELETE	Registered Agent eignature required agent eignature required agent eignature required agent agen	ADDITIONS/CHANGES TO OFFICE	DATE  ERS AND DIRECTO  Change  3 3 3 2 4  Change	R\$ IN 12  Addition
SIGNATURE  Signature, hydror printed night of registered agent  12. OFFICERS AND  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADORESS CITY-ST-ZIP TITLE NAME NAME	DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ADDITIONS/CHANGES TO OFFICE	DATE  CERS AND DIRECTO  Change  CHange	RS IN 12 Addition Addition
SIGNATURE  Signature, hydror printed name of registered agent  12. OFFICERS AND  TITLE PD  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	DIRECTORS  DELETE	Registered Agent signature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE	DATE  ERS AND DIRECTO  Change  3 3 3 2 4  Change	R\$ IN 12  Addition
SIGNATURE  Signature, hydror printed night of registered agent  12. OFFICERS AND  TITLE PD  GOODNOUGH, CATHY  80 SW 91 AVE SUITE 206  PLANTATION FL 33324  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME	ADDITIONS/CHANGES TO OFFICE	DATE  CERS AND DIRECTO  Change  CHange	RS IN 12 Addition Addition
SIGNATURE  Signature, hydror printed name of registered agent  12. OFFICERS AND  TITLE PD GOODNOUGH, CATHY  80 SW 91 AVE SUITE 206  PLANTATION FL 33324  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	DIRECTORS  DELETE  DELETE  DELETE	Replistered Agent signature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE	DATE  CERS AND DIRECTO  Change  CHange	RS IN 12 Addition Addition
SIGNATURE  Signature, hydror printed name of registered agent  12. OFFICERS AND  TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTORS  DELETE  DELETE  DELETE	Repistered Agent signature required agent signature required agent signature required agent agen	ADDITIONS/CHANGES TO OFFICE	DATE  DERS AND DIRECTO  Change  Change  CHange	R\$ IN 12  Addition  Addition
SIGNATURE  Signature, hydror printed name of registered agent  12. OFFICERS AND  TITLE PD GOODNOUGH, CATHY  80 SW 91 AVE SUITE 206  PLANTATION FL 33324  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ADDITIONS/CHANGES TO OFFICE	DATE  CERS AND DIRECTO  Change  CHange	RS IN 12 Addition Addition
SIGNATURE  Signature, hydror printed name of registered agent  12. OFFICERS AND  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ADDITIONS/CHANGES TO OFFICE	DATE  DERS AND DIRECTO  Change  Change  CHange	R\$ IN 12  Addition  Addition
SIGNATURE  Signature, hydror printed name of registered agent  12. OFFICERS AND  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE	DATE  DERS AND DIRECTO  Change  Change  CHange	R\$ IN 12  Addition  Addition
SIGNATURE  Signature, hydror printed name of registered agent  12. OFFICERS AND  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ADDITIONS/CHANGES TO OFFICE	DATE  DERS AND DIRECTO  Change  Change  CHange	R\$ IN 12  Addition  Addition

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 apaciment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Aug 30, 1999 8:00 am Secretary of State

08-30-1999 90009 006 \*\*\*550.00