


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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90016 001 *8,255.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000020358 1. Corporation Name PARK CREST, INC.					
Principal Place of Business 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920			Mailing Address 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1998	
21		26		4. FEI Number 59-3495699	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		10. Name and Address of New Registered Agent	
Zip Country		Zip Country		81 Name Michael A. Hartman	
24		29		82 Street Address (P.O. Box Number is Not Acceptable) 450 Challenger Road	
25		30		83	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		84 City Cape Canaveral FL	
MCPHILLIPS, JACQUELINE 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920				85 Zip Code 32920	
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: <i>Michael A. Hartman</i> Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE D/P/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE D/V <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 checked="" type="checkbox"/> Addition					
3.2 NAME Michael A. Hartman					
3.3 STREET ADDRESS 450 Challenger Road					
3.4 CITY-ST-ZIP Cape Canaveral, FL 32920					
4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.2 NAME Alison Kerr-Hull Colvard					
4.3 STREET ADDRESS 450 Challenger Road					
4.4 CITY-ST-ZIP Cape Canaveral, FL 32920					
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 119.073(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, with a different name or position.

SIGNATURE: *Alison Kerr-Hull Colvard* **ALISON KERR-HULL COLVARD**

Date **2/15/99** Daytime Phone # **407-799-4090**

CR2E034 (11/98)