

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 08, 1999 8:00 am**  
**Secretary of State**

09-08-1999 90001 043 \*\*\*550.00

DOCUMENT # **P98000056681**

Corporation Name

**CRAVENS & THORPE REAL ESTATE SERVICES, INC.**



Principal Place of Business  
700 U.S. HIGHWAY ONE #G  
NORTH PALM BEACH FL 33408

Mailing Address  
700 U.S. HIGHWAY ONE #G  
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**11456 U.S. Highway One**  
Suite, Apt. #, etc.  
City & State  
**Palm Beach Gardens, FL**  
Zip  
**33410**  
Country  
**USA**

2a. Mailing Address  
**11456 U.S. Highway One**  
Suite, Apt. #, etc.  
City & State  
**Palm Beach Gardens, FL**  
Zip  
**33410**  
Country  
**USA**

3. Date Incorporated or Qualified

**06/24/1998**

4. FEI Number  
**65-0853879**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**EDGAR, CHARLES W III  
LEVINE, FRANK, EDGAR & TELEPMAN, P.A.  
3300 PGA BOULEVARD - SUITE 500  
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name  
**David E. Horvath, Esq.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8295 N. Military Trail, Suite A**  
83  
84 City  
**Palm Beach Gardens, FL**  
85 Zip Code  
**33410**

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 E. Horvath* **David E. Horvath**

9/2/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

		<input checked="" type="checkbox"/> DELETE
1	<b>D</b>	<input checked="" type="checkbox"/> DELETE
2	<b>CRAVENS, GEORGE K</b>	
3	<b>700 U.S. HIGHWAY ONE #G</b>	
4	<b>NORTH PALM BEACH FL 33408</b>	
5	<b>D</b>	<input type="checkbox"/> DELETE
6	<b>THORPE, STEPHEN D</b>	
7	<b>700 U.S. HIGHWAY ONE #G</b>	
8	<b>NORTH PALM BEACH FL 33408</b>	
9		<input type="checkbox"/> DELETE
10		<input type="checkbox"/> DELETE
11		<input type="checkbox"/> DELETE
12		<input type="checkbox"/> DELETE
13		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Thorpe, Stephen D.</b>	
2.3 STREET ADDRESS	<b>11456 U.S. Highway One</b>	
2.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Keogh, Jack</b>	
3.3 STREET ADDRESS	<b>11456 U.S. Highway One</b>	
3.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

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: *Stephen D. Thorpe*

9/2/99

(561) 622-3441

CR2E034 (5/99)