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 # P98000058666

1. Corporation Name

CRS EQUITIES, INC.

Principal Place of Business

1111 SOUTH SOUTHLAKE DRIVE

Mailing Address

1111 SOUTH SOUTHLAKE DRIVE

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90014 014 ***158.75



City & State County 28 Tor Law order County 28 Tor Law order County County 29 State	HOLLYWOOD F	-f. 3301.8	HOLETWOOD HE 33019			DO NOT WE	TE IN THIS	SPACE	
E. Principal Place of Business 1 100 Lee Wagener Blyd 2a Mailing Address 100 Lee Wagener Blyd 36 FEI Number Appliable South Apt #, etc. So							11 11110		
Principal Place of Business 28. Mailing Address 32. Centificate of Status Desired \$8.75 Additional Feb Required \$8.75 Additional Feb R						1 5			
Not Applicable Suite April #, etc. Sui	2. Principal P	lace of Business	2a. Mailing Address						Applied For
Suite, Apt. #i, etc. Suite, Apt. #i, etc.		\ 1	i <u> </u>	200	or Alval.	65-085746	.1		
Superagraphic Superagraphi				1-17-	o Dire	1		\$8.7	5 Additional
City & State County 28 State County 28 State County Count	22 5	77.7 ملا	27 Suite 32	7		5. Certificate of Status Desired	/	Fee	Required
Society County Zip Zip County Zip Zip County Zip		le I I				6. Election Campaign Financing		\$5.0	00 May Be
Zip Country 2	23 Fort	anderdale FL	28 Fort Lauderd	de	FL	•	<u> </u>	Add	ed to Fees
9. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE, SUITE 125 CORAL GABLES FL 33146 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code	Zip		<u> </u>	Cour		8. This corporation owes the curr	ent year Inta		_
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE, SUITE 125 CORAL GABLES FL 33146 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 86 City FL 85 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 89 Zip Code 89 Zip Code 80 Zip Code	24 333	15 25 USA	29 333/5 3	0	<u>US A</u>				□No
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE, SUITE 125 CORAL GABLES FL 33146 84 City FL S5 Zip Code 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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named 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. SIONATURE Signature, typed or printed name of inglatured agent agent are to the Visible on Cryp. 505, Florida Statutes. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 13. STREET ADDRESS 1111 SOUTH SOUTHLAKE DRIVE 112 SUME 13. STREET ADDRESS 1111 SOUTH SOUTHLAKE DRIVE 13. STREET ADDRESS 14. City T. 2P 14. City T. 2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 13. STREET ADDRESS 14. City T. 2P 14. City T. 2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. STREET ADDRESS 14. City T. 2P 14. City T. 2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIREC		9. Name and Address of Current	Registered Agent		nd 11	10. Name and Address of New F	Registered /	Agent	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the acceptation submits this statement for the purpose of changing its 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, and have a complete the corporation's board of directors. I hereby accept the appointment as registered agent, and have a complete the corporation's board of directors. I hereby accept the appointment as registered agent, and have a complete the appointment as registered agent, and have a complete the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered agent agent supmition registered agent supmition agent agent as a complete agent agent as a complete agent a	۸TD	HIM DECISTEDED AGENTS INC			81 Name				
CORAL GABLES FL 33146 84 City					82 Street Address (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions 607 0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607, 506, Florida Statutes.									
1. 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 signal. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Concentration Florida	COF	VAL GABLES PL 33146		- 1	83				
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 Signature, typace or printed name of ingitized agent and title of applicable. (NOTE: Registered Agent signature required when retratatives) DATE				ŀ	84 City			85 Z	ip Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent and marmilar with, and accept the obligations of, Section 607 (505, Florida Statutes.) Signature, typed or private mane of registered agent and title if replicable. NOTE: Registered Agent age		<u></u>					<u> </u>		
Signature, typied or printed rame of registance agent and title of applicable. (NOTE: Registance Agent agent when remarkable) 2. OFFICERS AND DIRECTORS ITILE PD SHASHUA, CARMEL 111 SOUTH SOUTHLAKE DRIVE SD SHASHUA, ROSA 1111 SOUTH SOUTHLAKE DRIVE SD SHASHUA, ROSA 1111 SOUTH SOUTHLAKE DRIVE AMME SHASHUA, ROSA 1111 SOUTH SOUTHLAKE DRIVE AMME AMME SHASHUA, ROSA 1111 SOUTH SOUTHLAKE DRIVE 12 YNAME 22 YNAME 22 YNAME 1111 SOUTH SOUTHLAKE DRIVE 42 YNAME 33 STREET ADDRESS 1111 SOUTH SOUTHLAKE DRIVE 42 YNAME 33 STREET ADDRESS 1111 SOUTH SOUTHLAKE DRIVE 44 CITY-ST-ZP DELETE 34 CITY-ST-ZP Addition Addition Addition Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 YNAME 13 STREET ADDRESS 35 STREET ADDRESS ACTIV-ST-ZP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 YNAME 42 YNAME 42 YNAME 42 YNAME 42 YNAME 42 YNAME 43 STREET ADDRESS 44 CITY-ST-ZP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition ADDITIONS/CHANGES TO OFFICERS ADDITIONS IN 12 ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIO	office or r	egistered agent, or both, in the State of	f Florida. Such change was autt	horized	by the corporation	n's board of directors. I hereby acce	ot the appoir	itment as	registered
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE		Alove D		i t t en en elrod	under reinstation)	ĎATE		
THE PD SHASHUA, CARMEL 1.1TILE				<u> </u>	Agent signature required			D DIREC	TORS IN 12
### SHASHUA, CARMEL 12 NAME 13 STREET ADDRESS 1111 SOUTH SOUTHLAKE DRIVE 13 STREET ADDRESS 14 CITY-ST-ZIP					LE .	ADDITIONS OF WATER STATE OF CO.			
1111 SOUTH SOUTHLAKE DRIVE		l 1 =		1					
HOLLYWOOD FL 33019		AAAA COUTU COUTUU AKE DON	F						
SD			•						
SHASHUA, ROSA 1111 SOUTH SOUTHLAKE DRIVE 1111 SOUTH SOUTHLAKE DRIVE HOLLYWOOD FL 33019 2 L CITY-ST-ZIP TITLE MAME 1 STREET ADDRESS			□ DELETE	-				☐ Chan	ge Addition
1111 SOUTH SOUTH SOUTHLAKE DRIVE					1				
Change Addition			F	I.					
DELETE			-						
32 NAME 33 STREET ADDRESS 33 STREET ADDRESS 34. CITY-ST-ZIP		11022111000 12 00010	□ DELETE	_				Chan	ge Addition
3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	NAME		_	ľ	· 1				-
34. CITY-ST-ZIP				1					
TITLE				1	l				
4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ITILE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ITILE DELETE 6.1 TITLE 0.2 NAME 6.3 NAME 6.3 STREET ADDRESS 6.4 STREET ADDRESS 6.5 STREET ADDRESS	TITLE		☐ DELETE	_			' <u></u>	Chan	ge Addition
### ### ##############################	NAME			4. 2 NA	ме				
### 4.4 CITY-ST-ZIP	STREET ADDRESS			4.3 ST	REET ADDRESS				
TILE					ļ				
S.3 STREET ADDRESS	TITLE		☐ DELETE					Chan	ge 🔲 Addition
STY-ST-ZIP	NAME			5.2 NA	ME				
SACTY-ST-ZIP	STREET ADDRESS			5.3 ST	REET ADDRESS				
ITLE DELETE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS				5.4 C/I	Y-ST-ZIP				
AAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS	TITLE		☐ DELETE	6.1 TIT	LE			Chan	ge Addition
TREET ADDRESS 6.3 STREET ADDRESS	NAME			6.2 NA	ME				
				6.3 ST	REET ADDRESS	•			
	CITY OF TID			6.4 CIT	Y-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, with all other like empowered.

SIGNATURE: