SECOND 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

DOCUMENT # P98000064077

C.R.C. SERVICES, INC.

Principal Place of Business 2221 NE 164 ST. #273 *

Mailing Address

2221 NE 164 ST. #273 *

FILED Jul 13, 1999 8:00 am Secretary of State

07-13-1999 90001 049 ***150.00



| NOO MIAMI BEACH FL 33160 | | NOO MIAMI BEACH FL 33160 | | DO NOT WRITE IN THIS | SPACE |
|---|----------------------------------|--------------------------|--------------------------------|---|--------------------|
| | | | | 3. Date Incorporated or Qualified | |
| | | | | 07/21/1998 |] |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 3389 | SHERIDAN ST. | 26 3389 SHERIL | DAN ST. | 65-0867988 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| # 249 | | # 249 | | | Fee Required |
| City & Stat | | City & State | ر مبي | 6. Election Campaign Financing | \$5.00 May Be |
| | LYWOOD FL Country | 28 HOLLYWOOD | Country | Trust Fund Contribution | Added to Fees |
| Zip 24 330 | | ^{Zip} 33021 30 | - ^ ^ | 8. This corporation owes the current year Intangible Personal Property. | Yes 🔀 No |
| 24 330 | 9. Name and Address of Current | | 1011011110 | 10. Name and Address of New Registered | |
| 81 Name | | | | NI ODED | |
| AVNI, ODED | | | 82 Street Addre | ess (P.O. Box Number is Not Acceptable) | |
| 3389 SHERIDAN ST., #273 | | | 222/ | NE. 164 ST | |
| HOLI | LYWOOD FL 33021 | | 83 | 201 | |
| | | | 84 City | <u> </u> | 85 Zip Code |
| | | | N. M | | - 33 <i>160</i> |
| 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 | | | | | |
| 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: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS A | <u> </u> |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | Change Addition |
| NAME | AVNI, ODED | | 1.2 NAME 1.3 STREET ADDRESS | | |
| STREET ADDRESS | 2221 N.E. 164TH STREET #291 | | L i | | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33160 SD | DELETE | 1.4 CITY-ST-ZIP | | Change Addition |
| TITLE | YAKIR, OVED | ☐ DELETE | 2.2 NAME | | onange / reduction |
| NAME | 2221 N.E. 164TH STREET #291 | | 2.3 STREET ADDRESS | | } |
| STREET ADDRESS CITY-ST-ZIP | NORTH MIAMI BEACH FL 33160 | - | 2.4 CITY-ST-ZIP | • | |
| TITLE | NOTH WARM DESCRIPTE GO TO | DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | _ , _ |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition |
| NAME | | • | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | <u> </u> | | 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 119.07(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:

586771-90007-49 P48000064077

C.R.C. Services, Inc. 3389 Sheridan St., #249 Hollywood, FL 33021

July 7, 1999

Division of Corporations Annual Reports Filings PO BOX 1500 Tallahassee, FL 32302-1500

RE: Document #P98000064077

Dear Sirs:

This letter is a request to wave the late fee penalty. This is the first year for C.R.C. Services, Inc. to file Corporation Annual Report. We have never received the first notice for filing probably due to the wrong address you have on file.

Sincerely,

Oded Avni President