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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P98000070441

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90122 007 ***150.00

1. Corporation CRC BU	SINESSES, INC.									
Principal Place of Business Mailing Address								(1) 08 (1) 00 2((18	#(1 ## ()) #(#)	41841 1181 1881
P.O. BOX 398 P.O. BOX 398										
COCOA FL 32923-0398 COCOA FL 32923-0398						DO NOT WOITE IN THE OBACE				
							DO NOT WRIT	E IN THIS S	SPACE	
							3. Date Incorporated or Qualifed 08/10/1998			
2. Principal Place of Business			2a. Mailing Address				4. FEi Number		Ap	plied For
1		26					59-35 2961	<u> </u>		t Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			٠.	5. Certificate of Status Desired	<u></u>	\$8.75 / Fee Re	Additional equired
City & State	e		City & State		,		6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country		Zip	Cou	ntry		8. This corporation owes the curre			_
24	25	29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Regis	stered Agent				10. Name and Address of New R	egistered A	gent	
ECTI	ME, GILBERT				81	Name				}
	•			•	82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
17454 SW 79 CT. MIAMI FL 33157										
MIN	WI T C 33137				83)
•	5 * *				84	City		FL	85 Zip	Code
					uros.					
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title				signature requir	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS ANI	DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE	Registered	Agent s	signature requir	ADDITIONS/CHANGES TO OFF	ICERS ANI	DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent	and title	If applicable. (NOTE	Registered	Agent s	signature requir	ADDITIONS/CHANGES TO OFF	ICERS ANI	DIRECTO	
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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, with all other like empowered.

SIGNATURE: 1

