

FILED

02-01-2001 90012 044 ***150.00

910256



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000058625 1. Entity Name CRC DEVELOPMENT COMPANY						Feb 01, 2001 8:00 am Secretary of State 02-01-2001 90012 044 ***150.00																	
Principal Place of Business 7777 N AIA VERO BEACH FL 32963						Mailing Address 7777 N AIA VERO BEACH FL 32963																	
2. Principal Place of Business						3. Mailing Address																	
Suite, Apt. #, etc.						Suite, Apt. #, etc.																	
City & State						City & State																	
Zip		Country		Zip		Country		4. FEI Number 59-3584833				Applied For Not Applicable											
								5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required															
6. Name and Address of Current Registered Agent												7. Name and Address of New Registered Agent											
JECK, PHILIPPE 1061 E. INDIANTOWN ROAD STE 400 JUPITER FL 33477-5143												Name											
												Street Address (P.O. Box Number is Not Acceptable)											
												City										FL	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.																							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>								FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 , Make Check Payable to Department of State								10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees							
11. OFFICERS AND DIRECTORS												12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11											
TITLE		D <input type="checkbox"/> Delete										TITLE		P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition									
NAME		SIMPSON, R M										NAME											
STREET ADDRESS		1736 OCEAN DR										STREET ADDRESS											
CITY-ST-ZIP		VERO BEACH FL 32963										CITY-ST-ZIP											
TITLE		<input type="checkbox"/> Delete										TITLE		V <input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME												NAME		Rose Ann Brittain									
STREET ADDRESS												STREET ADDRESS		664 Tulip Lane									
CITY-ST-ZIP												CITY-ST-ZIP		Vero Beach, Florida 32963									
TITLE		<input type="checkbox"/> Delete										TITLE		S,T <input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME												NAME		Cheryl R. Simpson									
STREET ADDRESS												STREET ADDRESS		1736 Ocean Drive									
CITY-ST-ZIP												CITY-ST-ZIP		Vero Beach, Florida 32963									
TITLE		<input type="checkbox"/> Delete										TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME												NAME											
STREET ADDRESS												STREET ADDRESS											
CITY-ST-ZIP												CITY-ST-ZIP											
TITLE		<input type="checkbox"/> Delete										TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME												NAME											
STREET ADDRESS												STREET ADDRESS											
CITY-ST-ZIP												CITY-ST-ZIP											
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.																							
SIGNATURE: _____												01/04/2001 (561) 231-3131											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR R. Mason Simpson, President												Date Daytime Phone #											