


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 JUL 21 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V60273** (2)  
1. Corporation Name  
**CRANE CREEK STATION, INC.**

Principal Place of Business  
**918 E NEW HAVEN AVE.  
MELBOURNE FL 32901**

Mailing Address  
**918 E NEW HAVEN AVE.  
MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/24/1992</b>	3a. Date of Last Report <b>04/02/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3137470</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>IRONS, KAREN 918 E NEW HAVEN AVE. MELBOURNE FL 32901</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>S</b>	<b>HEWITT, KATHY</b>	<b>1720 PGA BOULEVARD MELBOURNE FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
	<b>VP</b>	<b>INGLESIAS, LORALEE</b>	<b>1802 MADISON AVE. MELBOURNE FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
	<b>P</b>	<b>IRONS, KAREN</b>	<b>7100 COTTONWOOD DR. GRANT FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
	<b>T</b>	<b>STATH, VIOLETTA</b>	<b>201 WEST SHARON DRIVE MELBOURNE FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
	<b>VP</b>	<b>SHILLINGSBURG, VIRGINIA B.</b>	<b>1378 HEIDE AVE, NW PALM BAY FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

14. I do 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: *[Signature]* **3-17-97** **11:27 AM**

CR2E034 (4/97)