


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V69697 (3)

1. Corporation Name
CARLOS ANTHONY CRESPO, INC.



Principal Place of Business 6433 LAKE SUNRISE DR APOLLO BEACH FL 33570	Mailing Address 6433 LAKE SUNRISE DR APOLLO BEACH FL 33570
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/08/1992	3a. Date of Last Report 04/11/1995
21	26	4. FEI Number 59-3152869	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	28		
Zip	Country	29	30
24	25		

9. Name and Address of Current Registered Agent CRESPO, CARLOS ANTHONY 6433 LAKE SUNRISE DR APOLLO BEACH FL 33570	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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: *Carlos Anthony Crespo* **CARLOS ANTHONY CRESPO, President** DATE: _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME CRESPO, CARLOS ANTHONY STREET ADDRESS 6433 LAKE SUNRISE DR CITY-ST-ZIP APOLLO BEACH FL TITLE <input type="checkbox"/> DELETE NAME Vice President William H. Cary STREET ADDRESS 6433 Lake Sunrise Dr CITY-ST-ZIP APOLLO BEACH, FL. 33572 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Vice President William H. Cary 1.3 STREET ADDRESS 6433 Lake Sunrise Drive 1.4 CITY-ST-ZIP APOLLO BEACH, FL. 33572 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Carlos Anthony Crespo* **CARLOS ANTHONY CRESPO** DATE: **4/22/96** Daytime Phone #: **913-645-3744**

CR2E034 (12/95)