

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005339

Entity Name: FLORIDA-CRC CORP.**Current Principal Place of Business:**1427 CLARKVIEW ROAD
SUITE 500
BALTIMORE, MD 21209-2100**Current Mailing Address:**1427 CLARKVIEW ROAD
SUITE 500
BALTIMORE, MD 21209-2100**FEI Number:** 52-0738521**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HF REGISTERED AGENTS, LLC
1715 MONROE STREET
FORT MYERS, FL 33901 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DPT
Name	LUETKEMEYER, JOHN AJR
Address	1427 CLARKVIEW RD SUITE 500
City-State-Zip:	BALTIMORE MD 21209

Title	DVS
Name	SCHAPIRO, J. MARK
Address	1427 CLARKVIEW RD SUITE 500
City-State-Zip:	BALTIMORE MD 21209

Title	VAS
Name	WILLIAMS, MICHELE
Address	1427 CLARKVIEW RD SUITE 500
City-State-Zip:	BALTIMORE MD 21209

Title	C
Name	RIEF, LAWRENCE G
Address	1427 CLARKVIEW RD SUITE 500
City-State-Zip:	BALTIMORE MD 21209

Title	P
Name	SCHAPIRO, J.M III
Address	1427 CLARKVIEW RD SUITE 500
City-State-Zip:	BALTIMORE MD 21209

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHELE WILLIAMS**CONTROLLER****04/21/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date