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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **562806**

1. Corporation Name
CRACON, INC.

Principal Place of Business
**6840 N W 26 AVENUE
FT LAUD FL 33309**

Mailing Address
**6182 NW 66TH AVE
PARKLAND FL 33067
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1978

4. FEI Number

59-1819507

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21 **4701 N. FE**

Suite, Apt. #, etc.

22 **SUITE 330**

City & State

23 **POMPAUN BEACH**

Zip

24 **33064**

Country

25

Suite, Apt. #, etc.

City & State

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**STEINHART, CONRAD K.
6182 N.W. 66TH AVENUE
PARKLAND FL 33067**

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

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

TITLE **P** ☐ DELETE
NAME **STEINHART, CRAIG J**
STREET ADDRESS **6840 N W 26 AVE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **ST** ☐ DELETE
NAME **STEINHART, CONRAD K.**
STREET ADDRESS **6182 NW 66TH AVENUE**
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE **V** ☐ DELETE
NAME **WILKES, JODY**
STREET ADDRESS **6760 YOUNGMAN ROAD**
CITY-ST-ZIP **GREENVILLE MI 48838**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2501 N.E. 22nd Terrace**
1.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33305**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

STEINHART, CONRAD K.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)