

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

APPROVED  
FILED

65 MAY - 1 1995  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Myrberg  
Secretary of State  
1995

DOCUMENT # **L77662** (9)  
CRAIKO, INCORPORATED

Principal Office Address: C/O CRAIG J. KOSUTA, 2772 LIONHEART ROAD, WINTER PARK FL 32792  
Mailing Address: C/O CRAIG J. KOSUTA, 2772 LIONHEART ROAD, WINTER PARK FL 32792

21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
9. Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent									
KOSUTA, CRAIG J. 2772 LIONHEART ROAD WINTER PARK FL 32792										B1 Is/Not B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code									
11. I, the undersigned, the person named herein, and 607, 1908, Florida Statutes, the above named corporation submit this statement for the purpose of changing its registered office. I hereby accept the appointment of the person named herein as the registered agent of the corporation and I hereby accept the appointment of the person named herein as the registered agent of the corporation.																			

12. OFFICERS AND DIRECTORS										13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY									
P KOSUTA, CRAIG J. 2772 LIONHEART ROAD WINTER PARK FL										Change Address Change Address Change Address Change Address Change Address Change Address Change Address Change Address Change Address Change Address									

14. I, the undersigned, certify that the information supplied with the foregoing is true and correct and that the corporation is in good standing under the laws of the State of Florida. I further certify that the information supplied with the foregoing is true and correct and that the corporation is in good standing under the laws of the State of Florida. I further certify that the information supplied with the foregoing is true and correct and that the corporation is in good standing under the laws of the State of Florida.

SIGNATURE: *[Signature]* CRAIG J. KOSUTA  
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 4/30/95 907/647-7558