

5.19.98 7644 -c
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000080139 (5)
1. Corporation Name
CROUTHAMEL DESIGN, INC.



Principal Place of Business 485 SE ST LUCIE BLVD STUART FL 34996	Mailing Address 485 SE ST LUCIE BLVD STUART FL 34996
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 509 CAMDEN AVENUE Suite, Apt. #, etc. 22 City & State 23 STUART, FL Zip 24 34994		2a. Mailing Address 26 509 CAMDEN AVENUE Suite, Apt. #, etc. 27 City & State 28 STUART, FL Zip 29 34994		3. Date Incorporated or Qualified 10/16/1995	
Country 25 MARTIN		Country 30 MARTIN		4. FEI Number 65-0623538 Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent CRARY, LAWRENCE E III 485 SE ST LUCIE BLVD STUART FL 34996		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
		PAULA CROUTHAMEL 485 SE SAINT LUCIE BLVD STUART FL 34996	

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 Paul S. Crouthamel, PAULA S. CROUTHAMEL, PRESIDENT 5-5-98
Signature typed or printed name of registered agent and filed 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	DPT CROUTHAMEL, PAULA S 485 SE ST LUCIE BLVD STUART FL ☐ DELETE	1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MALDNEY, ANN 108 E. 37TH ST. NEW YORK NY ☐ DELETE	2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	DS MALONEY, ANN 108 E. 37th St NEW YORK, NY 10016 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 52 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE Paul S. Crouthamel, PAULA S. CROUTHAMEL, PRESIDENT 4-11-98 511-781-1445

CR2E034 (10/97)