


FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 364952 (2) 1. Corporation Name CRAIG Z ENTERPRISES INC		
Principal Place of Business 55 RICHFIELD DR. LAKE PLACID FL 33852 US		Mailing Address 55 RICHFIELD DR. LAKE PLACID FL 33852-6216 US
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
9. Name and Address of Current Registered Agent		
ZABRISKIE, JAMES J 285 FUR TERR FT PIERCE FL 34948		81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, officer or registered agent, or both, in the State of Florida, Such change was authorized by the corporation, 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 line if applicable (NOTE: Registered Agent signature required)		
12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP <input type="checkbox"/> DELETE ZABRISKIE, JAMES J 285 FUR TERR FT PIERCE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDT <input type="checkbox"/> DELETE ZABRISKIE, MARIE F. 285 FUR TER FT PIERCE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input type="checkbox"/> DELETE ZABRISKIE, CRAIG G. 55 RICHFIELD DR LAKE PLACID FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.		
SIGNATURE: Craig Zabriskie REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		