## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 509185

(5)

CRACO,	INC.								
Principal Place of Business Mailing Address  1601 S U S 1  FT PIERCE FL 34950 FT PIERCE FL 34950-514									
						3. Date Incorporated or Qualified 07/02/1976	3e. Date of Last R 03/25/1996	eport	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	<del></del>	pplied For	
21 ] Suite, Apt. #	t. etc.	Suite, Apt. #, etc.				59-1696472   Not Applicable   \$8.75 Additional			
22	1 5101	27				5. Certificate of Status Desired	Fee Re		
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution Added to Fees			
Zip l	han ' han ' han			intry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25   9. Name and Address of Currer	29   nt Registered Agent	30	ι		Florida Statutes L  10. Name and Address of New Re			
CRAI	MER, KENNETH			81	Name				
1601 S U S 1				82	Stroot Addre	ess (P.O. Box Number is Not Acceptable)			
FT PI	IERCE FL 34950					as (1.0. box fulliber is five Abdellas	10 /		
				83					
				64	City		85 Zip	Code	
44 Ownwork	a the previous of Castions 607 OF	22 and 607 1509 Florida State	dan tha n		named sore	aration submits this statement for the m	FL of Lip	lo rocictored	
office or re agent. I ar	o the provisions of sections 607-050 ogistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorize Iorida Sta	d by tutes	the corporation	oration submits this statement for the pon's board of directors. I hereby accep	of the appointment as	registered	
SIGNATURE :	Constitution of the second second and	ont and title of participation (Asia	TE: Pop place	4 400	nt signature require	d when reinstation)	DATE		
Signature Typed or printed name of registered agent and title if applicable (NOTE: Reg  12. OFFICERS AND DIRECTORS				o Age	ut signatore redoire	ADDITIONS/CHANGES TO OFFICE		RS IN 12	
TITLE	PD DELETE			13.			Change	Addition	
NAME	CRAMER, KENNETH J.			1.2 NAME					
STREET ADDRESS	1601 S U S 1			1.3 STREET ADDRESS					
CITY-ST-ZIP	FT PIERCE FL			ITY-S	T+2IP				
TITLE				2.1 TITLE			L Change	Addition	
NAME	CRAMER, ROCHELLE A. 1601 S U S 1		2.23						
STREET ADDRESS	ET DIEDAE EI			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE				TLE	51-20		Change	Addition	
NAME	CRAMER, ROCHELLE A.		3.2 N					_	
STREET ADDRESS	1601 S U S 1		3.3 S	TREET	ADDRESS				
CITY-ST-ZIP	FT PIERCE FL		3.4. 0	HY-S	ST-ZIP				
TITLE		☐ DELETE	4.1 T	ITLE			☐ Change	☐ Addition	
NAME			4.21						
STREET ADORESS			-		ADDRESS				
CITY-ST-ZIP		DELETE			it-zip		Change	Addition	
TITLE		veren	5.1 T 5.2 N				LJ Onlinge	FTT Vigalian	
NAME STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					I-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 N	AME					
STREET ACCORESS			6.3 S	TREET	ADDRESS				
CITY-SI-ZIP	···				T-ZIP			<del></del>	
information	n indicated on this annual report or	supplemental annual report is r the receiver or trustee empo	true and wered to	accı	urate and that	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega as required by Chapter 607, Florida S	I effect as if made un	ider oath; that	

/6/97 561-461-2287

**FILED** 

Feb 12 1997 8:00am

Secretary of State