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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 692962

(4)

CRAIR & COMPANY, P.A.

FILED
Apr 11 1997 8:00am
Secretary of State

Principal Place of Business         Mailing Address           8620 S W 120 ST         8620 S W 120 ST           MIAMI FL 33156         MIAMI FL 33156-5165           US         US							
					3. Date Incorporated or Qualifie 06/30/1981	od 3s. Date of Last 05/01/1996	Report
2. Princ pat Pla;	op of Business	2a. Mailing Address			4. FEI Number	<del></del>	pplied For
<u>d.,.</u>		26			59-2140027		ot Applicable
Suite, Apl. #,	CIC	Suite, Apt. #, etc.			5. Certificate of Status Desired	V	Additional Required
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
<u> </u>		28	T 6		Trust Fund Contribution		to Fees
Zip I	Country 25	Zip 29	Count 30	ry	B. This corporation has liability the Florida Statutes	for intangible tax under	s. 199.032,
	9. Name and Address of Cu		1001		10. Name and Address of New		
CRAIR	r, stephen w		8	1 Name			
	SW 120TH STREET			2 Street A	ddress (P.O. Box Number is Not Accep	otable)	
MAMI	FL 33156		[8	3		<del></del>	
			]_				
			18	4 City		FL 85 Zip	Code
2.	<u>-</u>	S AND DIRECTORS	13,	igent signature re	quired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO	RS IN 12
7 -		I I DELETE	4			Change	
	PD Crair. Stephen W	LJ DELETE	1.1 TITLE 1.2 NAM			Change	
ME HEFT ACCRESS	CRAIR, STEPHEN W 8620 SW 120 ST	LJ DELETE	1.2 NAM			☐ Change	
ME PEET ACORESS   14-S1-ZIF	CRAIR, STEPHEN W		1.2 NAM 1.3 STRE 1.4 City	E Et address -st-zip			Additi
AME PEFT ACCRESS TY-ST-2IP TLE	CRAIR, STEPHEN W 8620 SW 120 ST	☐ DELETE	1.2 NAM 1.3 STRE 1.4 City 2.1 Titu	E ET ADDRESS -ST-ZIP		☐ Change	Addition
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IMME  THEFT ACORESS  THY ST-20F  HEE  AME  THEFT ADDRESS  HY-ST-20F  HY-ST-20	CRAIR, STEPHEN W 8620 SW 120 ST	DELETE  DELETE	1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLU 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLU 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLU 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLU 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLU 6.2 NAM	E ET ADDRESS -ST-ZIP  E ET ADDRESS (-ST-ZIP  E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP		☐ Change ☐ Change ☐ Change	Addition
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SIGNATURE:

READ TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97

425-270.8400

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