

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

1996 5-24-96 B-6591

DOCUMENT # **F29203**

(9)

1. Corporation Name

**C. CRAIG EDEWAARD, INC.**



Principal Place of Business

115 NW 2ND AVE  
FT LAUDERDALE FL 33311

Mailing Address

115 NW 2ND AVE  
FT LAUDERDALE FL 33311

3. Date Incorporated or Qualified  
**04/10/1981**

3a. Date of Last Report  
**05/16/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**59-2092466**

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDEWAARD, C CRAIG  
115 NW 2ND AVE  
FT LAUDERDALE FL 33331**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature (typed or printed name of registered agent, if applicable)

DATE (Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S**  DELETE  
NAME **EDEWAARD, ANN C**  
STREET ADDRESS **115 NW 2ND AVE**  
CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE **DP**  DELETE  
NAME **EDEWAARD, CRAIG C**  
STREET ADDRESS **115 NW 2ND AVE**  
CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE **V**  DELETE  
NAME **EDEWAARD, BRUCE**  
STREET ADDRESS **115 NW 2ND AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL**

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE **V**  DELETE  
NAME **STACER, FRED**  
STREET ADDRESS **115 NW 2ND AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL**

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 executor 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 or on an attachment with an address:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

CRS  
513-5215

CR2E034 (12/95)