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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # L85090

(3)

1. Corporation	Name	(-)			
CRAIG'	'S CUSTOM CANVAS, IN	C.			
	·				A A A A A A A A A A A A A A A A A A A
Principal Place	of Business	Mailing Address			
·		-			
C/O CRAIG F 301 NE RIVEI		%Craig R Griffith 301 N.E. River Drive			
DEERFIELD B	BEACH FL 33441-2059	DEERFIELD BEACH FL		2 Data bears and a Quelful	La. Barriera
US		US		3. Date incorporated or Qualified 07/01/1990	3a. Date of Last Report 04/11/1995
2. Principal Pia	ace of Business	2a. Maling Address		4. FEI Number	Applied For
21		26		65-0203915	Not Applicable
Suite, Apt. #	t, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Cau R Chata		27			Fee Hequired
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation has liability for its corporation as the second se	Added to Fees
24	25	29	30		No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
	H, CRAIG R		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
	RIVER DR		83		
DEERFIE	ELD BEACH, F 33441		63		
			84 City		85 Zip Code
11. Pursuant to	o the provisions of Sections 607.05	02 and 607.1508. Florida Statut	es, the above named comor	ration submits this statement for the pur	nose of changing its registered office.
or registere	ed agent, or both, in the State of Fid h, and accept the obligations of, Se	onda. Such change was authoriz	ed by the corporation's bon	rd of directors. I hereby accept the appoint	ointment as registered agent. I am
SIGNATURE	n. tha booopt the congenie is of, be	Solo 1 007.0000, Florical Clarence			
	Signature, typod or proted name of registers Lag	ent and the 4 autocrafts (N°	TE Registered Agent signature require	et where renetating!"	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	D ODECTIL ODAIO D	DELETE	1. 1 TITLE		Change Addition
NAM!	GRIFFITH, CRAIG R		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	301 NE RIVER DR DEERFIELD BEACH FL		1.3 STREET ADDRESS		
TITLE	DEENFIELD BEAUTIFE	DELETE	1.4 City - ST - ZiF 2 1 Title		☐ Change ☐ Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST - ZIP		
TITLE		☐ DELFTE	3 1 THILE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STHEET ADDRESS		
CITY-ST-ZIP		- Dr. Fre	3.4 CITY - \$1 - ZIP		
TITLE		☐ DELETE	4 1 TOTAE		Change Addition
NAME STREET ADDRESS			4 2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
16LE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DECETE	6) TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		_
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY - S1 - ZIP		

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 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:

3-30-96 954428 9600

CR2E034 (12/95)