

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P29198** (9)

1. Corporation Name

CRAIN ASSOCIATED ENTERPRISES, INC.



Principal Place of Business

**500 N DEARBORN ST
CHICAGO IL 60610
US**

Mailing Address

**1400 WOODBRIDGE ST
DETROIT MI 48207-110
US**

3. Date Incorporated or Qualified
05/03/1990

3a. Date of Last Report
05/01/1995

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

30

4. FEI Number

36-2637009

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**SOOS, ROBERT
ROUTE 5, BOX 183 E
BIG PINE KEY FL 33043**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 the person signing this report

NOTE: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
GOLDSTEIN, EDWIN
500 N. DEARBORN ST.
CHICAGO IL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
CRAIN, GERTRUDE R.
740 N. RUSH ST.
CHICAGO IL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
MORROW, WILLIAM A.
1400 WOODBRIDGE AVE.
DETROIT MI**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
CRAIN, KEITH E.
1400 WOODBRIDGE AVE.
DETROIT MI**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
CRAIN, RANCE E.
220 E. 42ND ST.
NEW YORK NY**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

ZIP 60610

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

ZIP 60611

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

ZIP 48207

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

ZIP 48207

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

ZIP 10017

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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 or changed on an attachment with an address.

SIGNATURE:

Sandra B. Morham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

4/25/96

313/446-6000

CR2E034 (12/95)