

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000051618 (5)

1. Corporation Name

CRANE SPECIALTIES, INC.

Principal Place of Business

Mailing Address

**340 BUCKNELL DRIVE
DAYTONA BEACH FL 32118-3224**

**340 BUCKNELL DRIVE
DAYTONA BEACH FL 32118-3224**



2. Principal Place of Business

2a. Mailing Address

21 **340 BUCKNELL DRIVE**

26 **340 BUCKNELL DRIVE**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 **DAYTONA BEACH FL**

28 **DAYTONA BEACH FL**

24 Zip

25 Country

29 Zip

30 Country

32118

VOL

32118

VOL

9. Name and Address of Current Registered Agent

**ROSEN, EILEEN
340 BUCKNELL DRIVE
DAYTONA BEACH FL 32118-3224**

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 registered agent and the applicable

(If/Of: Registered Agent Signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ROSEN, SHERMAN**
STREET ADDRESS **340 BUCKNELL DRIVE**
CITY - ST - ZIP **DAYTONA BEACH FL 32118-3224**

TITLE **D** ☐ DELETE
NAME **ROSEN, SCOTT**
STREET ADDRESS **637 NORTH OLEANDER AVENUE**
CITY - ST - ZIP **DAYTONA BEACH FL 32118-3224**

TITLE **D** ☐ DELETE
NAME **ROSEN, GAIL**
STREET ADDRESS **340 BUCKNELL DRIVE**
CITY - ST - ZIP **DAYTONA BEACH FL 32118-3224**

TITLE **D** ☐ DELETE
NAME **ROSEN, EILEEN**
STREET ADDRESS **340 BUCKNELL DRIVE**
CITY - ST - ZIP **DAYTONA BEACH FL 32118-3224**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Eileen Rosen, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96

677-3656

CR2E034 (3/96)