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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000055051 (5)

1. Corporation Name  
BEAUX-ARTS, INC.

Principal Place of Business  
431 NW 87TH DR #102  
PLANTATION FL 33324

Mailing Address  
800 NE 14TH PLACE  
FT. LAUDERDALE FL 33304-1219  
US



2. Principal Place of Business  
21 4817 NE 23 AVE  
Suite, Apt. #, etc.  
22 City & State  
23 FT. LAUDERDALE FL  
Zip Country  
24 33308 25 USA  
26 4817 NE 23 AVE  
Suite, Apt. #, etc.  
27 City & State  
28 FT. LAUDERDALE FL  
Zip Country  
29 33308 30 USA

3. Date Incorporated or Qualified 08/05/1993  
3a. Date of Last Report 03/29/1996  
4. FEI Number 65-0427407  
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

CRAWFORD, JOANNA E H  
431 NW 87TH DR #102  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name CRAWFORD, JOANNA E H  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 4817 NE 23 AVE  
84 City FT. LAUDERDALE FL 85 Zip Code 33308

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE  
JOANNA CRAWFORD PRESIDENT 4/20/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	CRAWFORD, JOANNA E H	431 NW 87TH DR #102	PLANTATION FL 33324	<input type="checkbox"/>
D	CRAWFORD, RANDALL L	431 NW 87TH DR #102	PLANTATION FL 33324	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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
	CRAWFORD JOANNA E H	3254 OLD STATE RD,	HATTISON, IL 61938	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
	CRAWFORD, RANDALL L	3254 OLD STATE RD	HATTISON IL 61938	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Signature typed or printed name of signing officer or director  
JOANNA CRAWFORD 4/20/97

Date Daytime Phone #  
0280081

CR2E034 (9/96)