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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
4817 N.E. 23RD AVE
FT. LAUDERDALE FL 33308
US

Mailing Address
4817 N.E. 23RD AVE
FT. LAUDERDALE FL 33308
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/05/1993

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent
CRAWFORD, JOANNA E H
4817 N.W. 23RD AVE
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name
CEC Corporation
82 Street Address (P.O. Box Number is Not Acceptable)
4817 NE 23rd Avenue
83
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 CEC Corporation, Diana Cheney President 3/2/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE
NAME D CRAWFORD, JOANNA E H
STREET ADDRESS 3254 OLD STATE RD
CITY-ST-ZIP MATTEON IL ☐ DELETE

TITLE
NAME D CRAWFORD, RANDALL L
STREET ADDRESS 3254 OLD STATE RD
CITY-ST-ZIP MATTEON IL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME CRAWFORD, JOANNA E H
1.3 STREET ADDRESS 5795 W. FLAMINGO RD #251
1.4 CITY-ST-ZIP LAS VEGAS, NV 89103

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME CRAWFORD, RANDALL L
2.3 STREET ADDRESS 5795 W. FLAMINGO RD. #251
2.4 CITY-ST-ZIP LAS VEGAS, NV 89103

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 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] 3/2/98

CR2E034 (10/97)