

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 20 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 # P94000000192 (2)

1. Corporation Name  
BETH CRAIG & ASSOCIATES OF FLORIDA, INC.



Principal Place of Business  
8280 NW 27TH STREET  
SUITE 503  
MIAMI FL 33122

Mailing Address  
8280 NW 27TH STREET  
SUITE 503  
MIAMI FL 33122-1905

3. Date Incorporated or Qualified  
01/03/1994

3a. Date of Last Report  
06/10/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 11-3193580	Applied For Not Applicable
21. State, Apt. #, etc.	26. State, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	
NAME	BETH A. CRAIG	1.2 NAME	
STREET ADDRESS	739 SULLIVAN ROAD, SUITE 120	1.3 STREET ADDRESS	
CITY-STATE-ZIP	COLLEGE PARK GA	1.4 CITY-STATE-ZIP	
TITLE	VS	2.1 TITLE	
NAME	TED WEISS	2.2 NAME	
STREET ADDRESS	2 JOHNSON ROAD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	LAWRENCE NY	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/97 404 209 8100

CR2E034 (9/96)