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SECRETARY OF STATE
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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000045749 (6)**

SUSAN CRAIG DESIGNS, INC.

Principal Place of Business: **5211 GATE LAKE ROAD FORT LAUDERDALE FL 33319**
Mailing Address: **5211 GATE LAKE ROAD FORT LAUDERDALE FL 33319**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **06/15/1994**
3a. Date of Last Report: _____
4. FEI Number: **29-3253100**
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 is liable for corporate tax under 119C(2)(b) Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
22. State, Apt. # etc.: **27**
23. City & State: **28**
24. City: **29**
25. County: **30**

9. Name and Address of Current Registered Agent
**COHEN, DEBORAH
5211 GATE LAKE ROAD
FORT LAUDERDALE FL 33319**

10. Name and Address of New Registered Agent
81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: _____
85. Zip Code: **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 cognizant of and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

1. TITLE	PTD
2. NAME	CRAIG, SUSAN
3. STREET ADDRESS	8038 VISTA FOREST DRIVE
4. CITY & STATE	ROANOKE VA 24018
5. TITLE	VSD
6. NAME	COHEN, DEBORAH
7. STREET ADDRESS	5211 GATE LAKE ROAD
8. CITY & STATE	FORT LAUDERDALE FL 33319
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119C(2)(b), Florida Statutes. I further certify that the information disclosed on this annual report or supplemental annual report is true and accurate and that my signature shall serve the same legal effect as if made under oath. I am aware of the consequences of the removal or failure to register to complete this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1 if changed, on an attachment with any additions.

SIGNATURE: *Deborah H. Cohen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DEBORAH H. COHEN

4/25/95 X
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