FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000076789

1. Corporation Name
CROMARTIE ENTERPRISES

Principal Place of Business: 12555 BISCAYNE BLVD. ~~19364 E. COUNTRY CLUB DR. AVENTURA, FLA. 33180~~ North Miami Fla 33181

Mailing Address

2. Principal Place of Business
21 19364 E. COUNTRY CLUB DR.
22 Suite, Apt #, etc.
23 City & State: AVENTURA FLA
24 Zip: 33180
25 Country: USA

2a. Mailing Address
26 SAME AS PRINCIPAL
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified: 10-17-94

3a. Date of Last Report: 6-29-95

4. FEI Number: 65 0569708 — 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
RON BOOK, ESQ
2875 NE 191 St, Suite 810
N. Miami Beach Fla
33180

10. Name and Address of New Registered Agent
81 Name: USHER BRON, ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable): 2999 NE 191 St., PH Six
83
84 City: AVENTURA FL 85 Zip Code: 33180

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: USHER BRON — 7-18-96
Signature typed or printed of individual registered agent (or officer of agent) — (NOTE: required if Agent signature required when filing) — DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	☐ DELETE
NAME	WARREN CROMARTIE	
STREET ADDRESS	19364 E. COUNTRY CLUB DR.	
CITY-ST-ZIP	AVENTURA FLA 33180	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	900001910509 -08/01/96--01027--026 ***225.00	☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WARREN CROMARTIE — 7-18-96 — (305) 682 0708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AS 8/1/96

CR2E034 (12/95)