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FILED
Mar 11 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 # P95000003623 (2)

1. Corporation Name

CRAFT ASSOCIATES INC.

Principal Place of Business

Mailing Address

11000 PROSPERITY FARMS RD.
301
PALM BEACH GARDENS FL 33480
US

P.O. BOX 2421
PALM BEACH FL 33480
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1995

4. FEI Number

65-0546653

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

21 11000 Prosperity Farms Rd.

Suite, Apt. #, etc.

22 Suite 302

City & State

23 Palm Beach Gardens, FL

Zip

24 33410

Country

25 P.B.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

29

Country

30

9. Name and Address of Current Registered Agent

THOMAS J. CRAFT, JR.
11000 PROSPERITY FARMS RD.
STE. 301
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

Thomas J. Craft, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

11000 Prosperity Farms Rd.

83

STE 302

84

City Palm Beach Gardens

FL

85 Zip Code

33410

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

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CRAFT, THOMAS J.
STREET ADDRESS 102 SEAVIEW AVE.
CITY-ST-ZIP PALM BEACH FL

TITLE ST ☐ DELETE

NAME CRAFT, JACK M.
STREET ADDRESS 244 RIVERSIDE DR.
CITY-ST-ZIP JUPITER FL

TITLE VP ☐ DELETE

NAME CRAFT, THOMAS J.
STREET ADDRESS 5420 NO. OCEAN DR.
CITY-ST-ZIP SINGER ISLAND FL

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 ☐ 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

THOMAS J. CRAFT, JR. President

3/11/98

5/11/98

CR2E034 (10/97)