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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 04 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000006134 (7)

C & R DESIGNS, INC.

Principal Place	of Business	Mailing Address			<del></del>	
1229 GARDEN ST.		1229 GARDEN ST.	1229 GARDEN ST			
TITUSVILLE FL		TITUSVILLE FL 32796				DO NOT WRITE IN THIS COACE
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
Principal Pl	and of Rusiness	2a. Mailing Address				01/20/1995 4. FEI Number Applied For
2. Principal Place of Bysigess 2a. Mailing Address 2b. 2a. Mailing Address 2c. 2b. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c						59-3293117 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						S8 75 Additional
22 27						Certificate of Status Desired     Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
28						Trust Fund Contribution Added to Fees
Zip	Zip Country Zip		Country			This corporation owes or has paid the current year Intangible
24	25	25 29 30				Personal Property Tax due June 30. Yes No
	g. Name and Address of Curre	ent Registered Agent		_,		10. Name and Address of New Registered Agent
BEA	IN, CHRISTINE C			81	Name	
1229 GARDEN ST.				62	Street A	Address (P.O. Box Number is Not Acceptable)
TITUSVILLE FL 32796				_		
				83		
			F	84	City	85 Zip Code
		<u> </u>				FL   Pp 3000
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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Fl	orida Statu	ıtes	i	
SIGNATURE						required when reinstating) DATE
	Signature, typed or printed name of registered a	ngent and the it applicable (NO: ND DIRECTORS	15: Registered	Ager	nt signature i	required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	<b>DP</b>	DELETE	1.1 TIT	1 F		Change Addition
NAME	BEAN, CHRISTINE			1.2 NAME		
STREET ADDRESS	4444 0450544 07				ADDRESS	
CITY-ST-ZIP	AND THE RESERVE		1.4 CtT			
TITLE	DV	DELFTE		2.1 TITLE		Change Addition
NAME	BEAN, RYEN A		2.2 NA	2.2 NAME		
STREET ADDRESS	1229 GARDEN ST.			2.3 STREET ADDRESS		
CITY-ST-ZIP	TITLIOUSLE C CL AATAA		2. 4 C/TY - ST - ZIP			· · · · · · · · · · · · · · · · · · ·
TITLE	OS .	☐ DELETE	3 1 T(T			Change Addition
NAME	CERRATO, MARY R		3 2 NAME			·
STREET ADDRESS	4444 040DEN 07		3 3 STI	REET	ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32796		3 4. CITY-		ST-ZIP	
TITLE		DELETE	4 1 ] []	LE		☐ Change ☐ Addition
NAME			. 4.2 NAME			
STREET ADDRESS			4.3 STI	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y - S	T-ZIP	
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 STI	REET	ADDRESS	
CITY-ST-ZIP	······································		5.4 CIT	5.4 CITY-S1-ZIP		
TITLE	☐ DELETE 6		6.1 TIT	I.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NA	ME	1	
STREET ADDRESS			6.3 ST	REE1	ADDRESS	

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 affactiment with an address.

tor on an altachment with an address.