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 # P95000025640 (0)

1. Corporation Name

CORAL CRAFT, INC.

Principal Place of Business
2556 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

Mailing Address
2556 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

3. Date Incorporated or Qualified: 03/30/1995
3a. Date of Last Report

4. FEI Number: 65-0571656 ☐ 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**

SCHACHTER, SAMUEL
2556 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

10. **Name and Address of New Registered Agent**

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

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		☐ DELETE
NAME	Samuel Schachter	
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☒ Addition
1.2 NAME	Samuel Schachter	
1.3 STREET ADDRESS	Same as mailing address 2556 University Dr	
1.4 CITY-ST-ZIP	Coral Springs, FL. 33065	
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	Thomas O'Brien	
2.3 STREET ADDRESS	Same 2556 University Dr	
2.4 CITY-ST-ZIP	Coral Springs, FL. 33065	
3.1 TITLE	T	☐ Change ☒ Addition
3.2 NAME	Robert O'Brien	
3.3 STREET ADDRESS	Same 2556 University Dr	
3.4 CITY-ST-ZIP	Coral Springs, FL. 33065	
4.1 TITLE	S	☐ Change ☒ Addition
4.2 NAME	Lawrence O'Brien	
4.3 STREET ADDRESS	Same 2556 University Dr	
4.4 CITY-ST-ZIP	Coral Springs, FL. 33065	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Patricia Blank	
5.3 STREET ADDRESS	Same 2556 University Dr	
5.4 CITY-ST-ZIP	Coral Springs, FL. 33065	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	Bank deposit # 200.00	
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: (X) [signature] Lawrence O'Brien — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/8/96 Date — 954-753-0170 Daytime Phone #

CR2E034 (12/95)

4-29-9