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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000051376 (8)

1. Corporation Name

CRAIG EDWARD STEIN, P.A.



Principal Place of Business

100 N. BISCAYNE BLVD.
STE 2810
MIAMI BL 33132
US

Mailing Address

900 BAY DRIVE #324
MIAMI BEACH FL 33141-5653

3. Date Incorporated or Qualified

06/28/1995

3a. Date of Last Report

02/02/1996

2. Principal Place of Business

21 100 N. Biscayne Blvd.

Suite, Apt. #, etc.

22 Suite 2800

City & State

23 miami, FL

Zip

24 33132

Country

25 USA

2a. Mailing Address

26 100 N. Biscayne Blvd.

Suite, Apt. #, etc.

27 Suite 2800

City & State

28 miami, FL

Zip

29 33132

Country

30 USA

4. FEI Number

65-0593490

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

STEIN, CRAIG E
900 BAY DRIVE #324
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

CRAIG E. STEIN

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

100 N. Biscayne Blvd.

83

Suite 2800

84 City

miami

FL

85 Zip Code

33132

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:

Craig E. Stein

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME STEIN, CRAIG E
STREET ADDRESS 900 BAY DRIVE #324
CITY-ST-ZIP MIAMI BEACH FL 33141

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

D
NAME STEIN, CRAIG E
1.3 STREET ADDRESS 100 N. Biscayne Blvd. Suite 2800
1.4 CITY-ST-ZIP miami, FL 33132

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 do 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:

Craig E. Stein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97

Date

(3.5) 377-0945

Daytime Phone #

CR2E034 (9/96)