

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000068618 (4)

1. Corporation Name

CRAIGHEAD ENTERPRISES INC.



Principal Place of Business

1004 SANDRA DRIVE
MARY ESTER FL 32569

Mailing Address

1004 SANDRA DRIVE
MARY ESTER FL 32569

2. Principal Place of Business	2a. Mailing Address
21 30 NORTH BEAR ROAD	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 FT WALTER DCH, FL	28
Zip	Zip
24 B2548	29
Country	Country
25 USA	30

9. Name and Address of Current Registered Agent

CRAIGHEAD, DAVID
1004 SANDRA DRIVE
MARY ESTER FL 32569

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	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	NAME
2. NAME	STREET ADDRESS
3. CITY-ST-ZIP	
4. TITLE	NAME
5. NAME	STREET ADDRESS
6. CITY-ST-ZIP	
7. TITLE	NAME
8. NAME	STREET ADDRESS
9. CITY-ST-ZIP	
10. TITLE	NAME
11. NAME	STREET ADDRESS
12. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 APR 96 (904) 244-3400

Date

Daytime Phone

CR2E034 (12/95)