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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088796 (4)

CRAIG'S LIMITED INC.

SIGNATURE:

Principa! Place of Business 3601 NORTH DIXIE HIGHWAY SUITE 16 BOCA RATON FL 33431		Mailing Address		i isaitani sin taisi mitir mairi mätti datti kätät täist jätti (datii 1891 esii 1861			
		3601 MORTH DIXIE HIGHWAY SUITE 16 BOCA RATON FL 33431-5903			•		
					3. Date Incorporated or Qualified	,	
					11/20/1995	02/26/1996	
2. Principal Pl	ace of Business	2a, Mailing Address	,		4. FEI Number	Applied For	
21		26	6		65-0621851	Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.				\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Countr	v	8. This corporation has liability for		
24	25	29	30	•		Yes No	
47	g. Name and Address of Current	11	1901		.10. Name and Address of New R	2.1	
ODE			8-	Name	T. O. D. C.	- 4	
	ENFIELD, STEVEN B		L	-	JON J. OHAKOSOD	tu	
	W. PALMETTO PARK ROAD		8	Street Add	ress (P.O. Box Number is Not Accepta	ible)	
	TE 402		ļ	U	151 SW 4TH AVENE	,	
BOC	CA RATON FL 33433		8:	•			
			84	City	· · · · · · · · · · · · · · · · · · ·	as Zin Code	
			•	' ''' B	oca Ration	FL 8 55452	
11. Pursuant I	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	utes, the above	e-named cor	poration submits this statement for the	number of changing its registered	
office or	egistered age to or both, in the State of	f Florida Such change was	authorized b	y the corpora	tion's board of directors. I hereby according	ept the appointment as registered	
agent. I (ii	m tamiliar with palio acoppy the obligat	ions of, Section 607,0505, P	nonda Statote	9 S.			
SIGNATURE \	- Amoun		Sec. B. Carrier at A.		ired when reinstating)	<u> </u>	
	Signature, type i) in printed name of negistered agent OFFICERS AND			ent signature requ	ADDITIONS/CHANGES TO OFF	, · · · · · ·	
12. TITLE	PTD	DELETE	13.		ADDITIONS/CHANGES TO OFF	Change Addition	
		J Dettil		i		Li ciange Li rodition	
NAME	CRAIG, JACK		12 NAME				
STREET ADDRESS	3601 NYDIXIE HIGHWAY #16		1 3 STREE	T ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431			ST-ZiP			
THLE	SVD DELETE 21T		2 1 TITLE			Change Addition	
NAME	CRAIG, BARBARA	CRAIG, BARBARA 22N		l			
STREET ADDRESS	AAAA AL BUME LUGIBAAA MAA		2.3 STREE	T ADDRESS		}	
CITY-ST-ZIP	BOOK BATON FL AGAGE		2 4 CITY				
TITLE			31 TITLE	31, 21		Change Addition	
NAME		hand policit	3.2 NAME			Munion	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY		· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAM	:			
STREET ADDRESS			4.3 STREI	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
FITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 T#TLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
AIT: AT 7:0						i	

14. Ido 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 suppliemental 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