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FILED

May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000088796 (4)

1. Corporation Name

CRAIG'S LIMITED INC.



Principal Place of Business

~~3601 NORTH DIXIE HIGHWAY~~
~~SUITE 10~~
BOCA RATON FL 33431

Mailing Address

10642 ST THOMAS DR
~~3601 NORTH DIXIE HIGHWAY~~
~~SUITE 10~~
BOCA RATON FL ~~33431~~ 33498-4519

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3595 N. Dixie Hwy
Suite, Apt. #, etc.

22 # 6

23 Boca Raton FL

24 33431

Country

25 Palm Beach

2a. Mailing Address

26 10642 ST THOMAS DR
3595 N. Dixie Hwy
Suite, Apt. #, etc.

27 # 6

28 Boca Raton FL

29 33498-4519

Country

30 Palm Beach

3. Date Incorporated or Qualified

11/20/1995

4. FEI Number

65-0621851

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

JON D. BLAKESBERG
951 SW 4TH AVE.
SUITE 402
BOCA RATON FL 33432

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 PTD ☐ DELETE

NAME CRAIG, JACK
STREET ADDRESS 3595 N. DIXIE HIGHWAY #16
CITY-ST-ZIP BOCA RATON FL 33431

TITLE SVD ☐ DELETE

NAME CRAIG, BARBARA
STREET ADDRESS 3595 N. DIXIE HIGHWAY #16
CITY-ST-ZIP BOCA RATON FL 33431

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

1.2 NAME 3595 N. DIXIE Hwy #6

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 3595 N. DIXIE Hwy #6

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 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:

Jack Craig

4-17-98 PRC

CR2E034 (10/97)