

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

FILED

May 16 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 # P96000007856 (3)

1. Corporation Name
CRAYMORCO, INC.

Principal Place of Business

12986 SOUTHWEST 133 COURT
MIAMI FL 33186

Mailing Address

POST OFFICE BOX 570105
MIAMI FL 33257-0105



2. Principal Place of Business

21 12319 SW 132 Ct

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

Zip

24 33186

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

01/25/1996

3a. Date of Last Report

N/A

4. FEI Number

65-0635662

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD—
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name B.D. COWAN
82 Street Address (P.O. Box Number is Not Acceptable)
952 NW 105th Ter
83
84 City Pembroke Pines FL 85 Zip Code 33028

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: *Bradley Cowan*

4-30-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	MORRISON, BRUCE	12986 SOUTHWEST 133 COURT	MIAMI FL 33186	<input type="checkbox"/>
VD	CRAYCRAFT, DAVID	12986 SOUTHWEST 133 COURT	MIAMI FL 33186	<input checked="" type="checkbox"/>
ST	COWAN, BRADLEY	12986 SOUTHWEST 133 COURT	MIAMI FL 33186	<input type="checkbox"/>
D	COWAN, MERRIAM E	12986 SOUTHWEST 133 COURT	MIAMI FL 33186	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	MORRISON, BRUCE	12319 SW 132 Ct	MIAMI FL 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST	COWAN, BRADLEY	12319 SW 132 Ct	MIAMI FL 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	COWAN, MERRIAM	12319 SW 132 Ct	MIAMI FL 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *John A. M...*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 (305) 232-0030

Date

Daytime Phone #

CR2E034 (9/96)