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FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000007856 (3)

1. Corporation Name
CRAYMORCO, INC.

Principal Place of Business

12319 SW 132 CT
MIAMI FL 33186
US

Mailing Address

POST OFFICE BOX 570105
MIAMI FL 33257



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

COWAN, B.D.
952 NW 155TH TER
PEMBROKE PINES FL 33028

10. Name and Address of New Registered Agent

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 PD ☒ DELETE

NAME MORRISON, BRUCE
STREET ADDRESS 12319 SW 132 CT
CITY-ST-ZIP MIAMI FL

TITLE ST ☒ DELETE

NAME COWAN, BRADLEY
STREET ADDRESS 12319 SW 132 CT
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE

NAME COWAN, MERRIAM E
STREET ADDRESS 12986 SOUTHWEST 133 COURT
CITY-ST-ZIP MIAMI FL 33186

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 PD ☐ Change ☒ Addition

1.2 NAME Keith ROUGH
1.3 STREET ADDRESS 12319 SW 132 CT
1.4 CITY-ST-ZIP MIAMI FL 33186

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME GARY KINKLE
2.3 STREET ADDRESS 12319 SW 132 CT
2.4 CITY-ST-ZIP MIAMI FL 33186

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME CAROL MORRISON
3.3 STREET ADDRESS 12319 SW 132 CT
3.4 CITY-ST-ZIP MIAMI FL 33186

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:

 BRUCE A. MORRISON

4-22-98

Date

Daytime Phone #

0687985

CR2E034 (10/97)