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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000011478

1. Corporation Name

CRAJAC, INC.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90114 019 ***150.00



Principal Place of Business Mailing Address 2240 N.W. 33RD TERRACE 2240 N.W. 33RD TERRACE LAUDERERDALE LAKES FL 33311 DO NOT WRITE II 3. Date Incorporated or Qualifed 02/06/1996 2. Principal Place of Business 2a. Mailing Address 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0657026	N THIS SPAC	E		
LAUDERERDALE LAKES FL 33311 DO NOT WRITE II 3. Date Incorporated or Qualifed 02/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number	N THIS SPAC	Ė		
DO NOT WRITE II 3. Date Incorporated or Qualifed 02/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number	N THIS SPAC	E		
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2. Principal Place of Business 2a. Mailing Address 4. FEI Number				
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21 26 65-065/026	_		ied For	
			Applicable	
Suite, Apt. #, etc. 5. Certificate of Status Desired	1.		Iditional	
22 27		ee Req		
City & State City & State 6. Election Campaign Financing		5. 00 N		
23 Trust Fund Contribution	A	dded to	Fees	
Zip Country Zip Country 8. This corporation owes the current	year Intangible		_	
24 25 29 30 Personal Property Tax.	\ \ \Ye		□No	
Name and Address of Current Registered Agent 10. Name and Address of New Regi	istered Agent			
, 81 Name				
POLITE, JANIE J 82 Street Address (P.O. Box Number is Not Acceptable)	<u> </u>			
2240 N.W. 33RD TERRACE	,			
LAUDERERDALE LAKES FL 33311		•		
				1
84 City	FL 85	Zip Co	ode	,
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpoffice 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	pose or cnang le appointment	ing its re Las regi	stered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE				
SIGNATURE				
Signature, typed or printed harner or registered agent and title if applicable. (40) E. Hogistered Agent agricult require trivial residence of the company	DATE			í
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstature) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE	ERS AND DIR			1001
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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, with all other like empowered.

SIGNATURE: X	(LARICH ACURE JOUINE INTERPRETATION TO THE LARIES OF THE PROPERTY OF THE AND THE PROPERTY OF THE AND THE PROPERTY OF THE PROPER
•—	-sys	VATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR