


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

FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **996000041148**

1. Corporation Name

**CORAL ARTISANS INC**

Principal Place of Business

**MM 22.8**

**CUDJOS KEY FL 33040**

Mailing Address

**145-KOY HAVEN RD**

**KEY WEST FL 33040**

3. Date Incorporated or Qualified

3a. Date of Last Report

**1st REP**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

**98-05-0480799**

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

23. **CUDJOS KEY FL**

28. **KEY WEST FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24. **33040**

25. **MONROE**

29. **33040**

30. **MONROE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMAS SOND  
145-KOY HAVEN RD  
KEY WEST FL 33040**

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]*

(NOTE: Registered Agent signature required when reinstating)

**4/9/97**

12. OFFICERS AND DIRECTORS	
TITLE <b>SEC</b>	NAME <b>ROBERT BABROW</b> <input checked="" type="checkbox"/> DELETE
STREET ADDRESS	<b>2601 - S. ROOSEVELT BLVD</b>
CITY, ST, ZIP	<b>KEY WEST FL 33040</b>
TITLE <b>V.P.</b>	NAME <b>MARILYN MORGAN</b> <input type="checkbox"/> DELETE
STREET ADDRESS	<b>112 PORLY PATH</b>
CITY, ST, ZIP	<b>LITTLE TOREY KEY 33040</b>
TITLE <b>P</b>	NAME <b>THOMAS SOND</b> <input type="checkbox"/> DELETE
STREET ADDRESS	<b>145-KOY HAVEN RD</b>
CITY, ST, ZIP	<b>KEY WEST FL 33040</b>
TITLE	NAME <input type="checkbox"/> DELETE
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME <input type="checkbox"/> DELETE
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME <input type="checkbox"/> DELETE
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>SEC</b>	NAME <b>JAN WAGIN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MM 22.8 CUDJOS KEY</b>
1.3 STREET ADDRESS	<b>CUDJOS KEY 33040</b>
1.4 CITY, ST, ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)