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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 13 1997 8:00am

Secretary of State

Change

Addition

POCUMENT # P96000057877 (8)

CRANFORD'S COLLECTION CONNECTION, INC.

110 N ORLANDO AVE #6 110 N ORLANDO AVE #6 MAITLAND FL 32751 MAITLAND FL 32751-5533 3. Date Incorporated or Qualified 3a. Date of Last Report 07/08/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3387042 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🗌 No 25 Florida Statutes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRANFORD, RICHARD 1213 BEATRICE DR 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32810 83 City 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 agen, and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE CRANFORD, RICHARD NAME 1.2 NAME 1213 BEATRICE DR STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32810 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELLIE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2.4 CHY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7IP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.9 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE

5.2 NAME

61 THUE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.8 STREET ADDRESS

6 4 CHY- \$1 - ZIP

5 4 CITY-ST-7IP

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 angular report or supplemental agreed 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 out the deliver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if clytinged. I on an address.