

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90041 015 ***150.00

DOCUMENT # P96000097980

1. Corporation Name
DEAN A. CRAFT, P.A.

Principal Place of Business
8521 SOUTH WEST 30TH STREET
DAVIE FL 33028

Mailing Address
8521 SOUTH WEST 30TH STREET
DAVIE FL 33028

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1996

4. FEI Number

59-3423234

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 7921 NW 4 ST.

2a. Mailing Address

26 7921 NW 4 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

PLANTATION

28 City & State

PLANTATION

24 Zip

33317

25 Country

BROWARD

29 Zip

33317

30 Country

BROWARD

9. Name and Address of Current Registered Agent

CRAFT, DEAN A
8521 SOUTH WEST 30TH STREET
DAVIE FL 33028

10. Name and Address of New Registered Agent

81 Name

CRAFT, DEAN A.

82 Street Address (P.O. Box Number is Not Acceptable)

7921 NW 4 ST.

83

84 City

PLANTATION

FL

85 Zip Code

33317

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

3/27/99

12. OFFICERS AND DIRECTORS

TITLE PS
NAME CRAFT, DEAN A
STREET ADDRESS 8521 SOUTH WEST 30TH STREET
CITY-ST-ZIP DAVIE FL 33028

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CRAFT, DEAN A.

☒ Change ☐ Addition

1.2 NAME

7921 NW 4 ST.

1.3 STREET ADDRESS

PLANTATION, FL 33317

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

3/24/99

954 425 7262

CR2E034 (1/98)

0305771