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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700098797 (8) CREATIVE TRADESMAN INTERNATIONAL OF BOCA RATO

FILED Feb 10 1998 8:00am Secretary of State

CREATIVE TRADESMAN INTERNATIONAL OF BOCA RATON, Principal Place of Business Mailing Address 1503 SW 2ND AVE 1503 SW 2ND AVE **BOCA RATON FL 33432 BOCA RATON FL 33432** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/17/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 Not Applicable Suite Apt. #. etc. Suite. Apt. #. etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zιο Country $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name CRONE, DIANE 1503 SW 2ND AVE Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** ßЭ 84 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 (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.f TITLE NAME CRONE, DIANE 1.2 NAME 1503 SW 2ND AVE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2 1 TITLE TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CiTY-ST-ZIP DELETE Addition 3.1 TITLE ☐ Change NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELFTE Change Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STHEET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. 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 suppliemental armual 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 trunch, 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: /

Van A Crone

126/98 (561)-391-3348