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**May 06, 1999 8:00 am**
**Secretary of State**
05-06-1999 90004 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT
**1999**

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

DOCUMENT # **P98000097135**

1. Corporation Name
CRAYTON, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6175 N.W. 153RD STREET, OFFICE SUITE 312<br>MIAMI LAKES FL 33014 | 6175 N.W. 153RD STREET, OFFICE SUITE 312<br>MIAMI LAKES FL 33014 |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---|
| 2. Principal Place of Business<br>21 6175 N.W. 153rd St. | 2a. Mailing Address<br>26 6175 N.W. 153rd St. | 3. Date Incorporated or Qualified<br>11/18/1998 | |
| Suite, Apt. #, etc.<br>22 Suite 312 | Suite, Apt. #, etc.<br>27 Suite 312 | 4. FEI Number<br>65-0887837 | ☐ Applied For<br>☐ Not Applicable |
| City & State<br>23 Miami Lakes, FL | City & State<br>28 Miami Lakes, FL | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Zip / Country<br>24 33014 25 US | Zip / Country<br>29 33014 30 US | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| | | 8. This corporation owes the current year intangible Personal Property Tax. | ☐ Yes ☒ No |

9. Name and Address of Current Registered Agent

SHELDON EVANS P.A.
6175 N.W. 153RD STREET, SUITE 312
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name: Sheldon Evans, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 6175 N.W. 153rd Street
83: Suite 312
84 City: Miami Lakes, 85 FL Zip Code: 33014

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 807.0505, Florida Statutes.

SIGNATURE: Sheldon Evans, P.A. as registered agent — 4/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PST<br>SOBERON, ANDRES<br>3907 S.W. 67TH AVENUE<br>MIAMI FL 33155 ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PST<br>SHELDON EVANS<br>6175 N.W. 153rd STREET, SUITE # 312<br>MIAMI LAKES, FLORIDA 33014 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (11/98)

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:** Sheldon Evans, P.A. President — 4/29/99 — 305 557 6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SHELDON EVANS, PRESIDENT