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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 15 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # S16192

(4)

Mailing Address

CRAIGEARN, INC.

Principal Place of Business

SIGNATURE:

PALM BEACH FL 33419 US		PALM BEACH FL 33480-3713							
ساک دو	orf S							eate of Last Report	
2. Principal Pla		2a. Mailing Address			············	4. FEI Number	· <del>}</del>	1	Applied For
1 98	LAKE DRIVE	26			65-0232045	Not Applicable			
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Suite, Apt. #, etc.  City & State  27  City & State  28						6. Election Campaign Financing \$5.00			Additional Required
									\$5.00 May Be Added to Fees
Zφ	Country	Zip	Co	ountry	,	8. This corporation has liability for			s. 199.032,
4	25	29	30				Yes [		
	9. Name and Address of Curi	ent Registered Agent		81	Later	10. Name and Address of New Re	gistered /	gent	
Brekus, Gordon L.					Name				
120 DUNBAR RD					82 Street Address (P.O. Box Number is Not Acceptable)				
PALM BEACH FL 33480									
				83	}				
				84	City			<b>85</b> Zip	Code
					<u> </u>		FL	1	
office or re	gistered agent, or both, in the Str n famil ar with, and accept the ob	ite of Florida. Such change:	was authoriz	ed by	the corpo	orporation submits this statement for the ration's board of directors. I hereby acce	pt the app	ointment a	s registered
	Signature. Exped or proded users of registered				ant signature re	quirec when reinstating)	DATE		
12.		AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICE	CERS AND		
TITLE	PS CORPORT	[] DELET		TITLE				L Change	☐ Addition
NAME	BREKUS, GORDON L			NAME					
STREET ADDRESS	120 DUNBAR RD				ADDRESS				
CITY-ST ZIP	PALM BEACH FL	Попе		CITY-S	ST-ZIP			☐ Change	Addition
THTLE		[_] DELET	1	TITLE	ł			Change	L ADDITION
NAME				NAME					
STREET ADDRESS					r address	7.2			
CITY - ST - ZIP TITLE		DELET		TITLE	ST-ZIP			Change	Addition
ì		L_J Dettr						L Change	Addition
NAME STREET ASSAULOS				NAME					
STREET ADDRESS					ADDRESS				
CITY-SI-ZIP TITLE		DELET		CITY -	ST-ZIP			Change	Addition
NAME		L otter	1	NAME	ľ			Onungo	L Natilities
STREET ADDRESS					I ADDRESS				
CITY - ST - ZIP		DELET		CITY - S	51-ZIP			Change	Addition
NAME		v	1	NAME	Ì			- Villange	
1					T ADDRESS				
STREET ADDRESS				CITY-S					
CITY+SI-ZIF		☐ DELET		TITLE	or - AF			Change	Addition
NAME		>(()		NAME	1			3: mar. 90	, , , , , , , , , , , , , , , , , , , ,
STREET ADDRESS					T ADDRESS				
City-ST-ZIP				CITY-					
	y certify that the information supr	lied with this filing does not				ted in Section 119.07(3)(i), Florida Statut	es. I further	certify the	at the
information I am an of	n indicated on this annual report of	or supplemental annual repo or the receiver or trustee or	ort is true and impowered to	d acc exe	urate and to oute this rep	hat my signature shall have the same leg port as required by Chapter 607, Florida	al effect as	if made u	inder oath: th: