## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (9)DOCUMENT # Corporation Name CRAIG R. BAILEY ENTERPRISES, INC. Principal Place of Business Mailing Address 4100 JACKSON OF 4109 JACKSON ST. HOLL+WOOD\_FL\_33021-7327 HOLLYWOOD #E 33021-7327 3. Date Incorporated or Qualified 3a. Date of Last Report 05/24/1991 01/27/1995 2. Principal Place of Business 2a. Mailing Address 4 FEL Number Applied For 480 & W. 125TH TEAR SAME 65-0276532 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be FT. LANDERDAIR, FL 23 Trust Fund Contribution Added to Fees Zin 8. This corporation has liability for intangible tax under s. 199.032, 25 Prw/P/ 29 9. Name and Address of Current Registered Agent Yes No 30 Florida Statutes 10. Name and Address of New Registered Agent Name BAILEY, CRAIG R. 480 S.W. 1250 TERR. Street Address (P.O. Box Number is Not Acceptable) 4109 JACKSON ST. 19. LAUDERDALE, FL 33335 HOLLYWOOD FL 33021-7327 83 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Separate typed or protect name of regulated agent and the diagram and the diagram of the second of the s DATE (NOTE: Flog stored Agent signature required when renistating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE onAic 1 TITLE BAILEY, CRIAG R NAME 1.2 NAME CR2E034 480 S.W. DSTY TRAA PT. MUDEROME, KL 33335 4109 JACKSON ST STREET ADDRESS 1.3 STHEFT ADDRESS HOLLYWOOD-FL 1.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 2.1 TIFLE ☐ Add tion NAME STREE1 ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 Cr1Y - S1 - ZIP TITLE ☐ DELETE 3.1 DT F Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-ZIP 4.4 CITY - \$1 - ZIP DELETE TITLE Change 5.1 Title Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS. CITY-ST-ZIP 5 4 CITY - SF- ZIP TITLE DELE1E 6 1 TITLE Change Add tion NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CHTY-ST-ZIP 6.4 CITY - \$1 - ZIP 14. To hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this angue, report or supplemental 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 complation 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 directors.

BIGNATURE AND THEO DRIVENTED NAME OF SIGNING OFFICER OF DIRECTOR BAJ LKY, MES 6-3-96 (954) 475-966DBJ THE PROPERTY IN SIGNATURE:

(12/95)