

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S82057 (8)			
1. Corporation Name CRANOS ENTERPRISES INC.			
Principal Place of Business 157 OSPREY PT RD 201 HARRISON AVE. OSPREY FL 34229 US		Mailing Address 157 OSPREY PT RD 201 HARRISON AVE. OSPREY FL 34229 US	
2. Principal Place of Business 21 157 OSPREY PT DR 22 Suite, Apt. #, etc. 23 City & State OSPREY FL 24 Zip 34229 25 Country SARASOTA		2a. Mailing Address 26 157 OSPREY PT DR 27 Suite, Apt. #, etc. 28 City & State OSPREY FL 29 Zip 34229 30 Country SARASOTA	
9. Name and Address of Current Registered Agent CRANOS, JAMES H. 157 OSPREY PT DR. OSPREY FL 34229			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	PTD	<input type="checkbox"/> DELETE	
NAME	CRANOS, JAMES H		
STREET ADDRESS	157 OSPREY PT DR		
CITY-ST-ZIP	OSPREY FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	CRANOS, JAMES H JR.		
STREET ADDRESS	157 OSPREY PT DR		
CITY-ST-ZIP	OSPREY FL		
TITLE	VSD	<input type="checkbox"/> DELETE	
NAME	CRANOS, INGRID		
STREET ADDRESS	157 OSPREY PT DR		
CITY-ST-ZIP	OSPREY FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS	400002309284--0		
2.4 CITY-ST-ZIP	-10/01/97--01106--004		
3.1 TITLE	****558.75 ****558.75		
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

I do 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.

SIGNATURE: [Signature] DATE: 9/20/97

FILED
97 SEP 29 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/23/1991	3a. Date of Last Report 07/12/1996
4. FEI Number 59-3084190	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CR2E034 (4/97)