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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V20520**

1. Corporation Name

FLORIDA CRADLES & CRATES INC.

Principal Place of Business

Mailing Address

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90119 033 ***150.00



1919 NW 19TH STREET, BLDG. 2C FT. LAUDERDALE FL 33309			1919 NW 19TH STREET. BLDG. 2C FT. LAUDERDALE FL 33309			DO NOT WRI	re ini This :	SDACE		
							3. Date Incorporated or Qualifed	E IN THIS	SPACE	<u> </u>
1							03/05/1992			ļ
2 Principal D	lace of Business	22	Mailing Address				4. FEI Number		-	Applied For
· ·	lace of Busiliess	26	Making Addition				65-0316611			Not Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.							5 Additional
22	,, 5.5.	27	Bldg. 6,	Sm	i ta	e 2E	5. Certifcate of Status Desired			Required
			City & State			<u></u>	6. Election Campaign Financing		\$5.0	0 Мау Ве
23		28			-		Trust Fund Contribution			ed to Fees
Zíp	Country		Zip _	Coun	itry		8. This corporation owes the curr	ent year Inta		y
24	25	29		30			Personal Property Tax.		Yes	₩No
	9. Name and Address of Curre	nt Registe	ered Agent				10. Name and Address of New F	tegistered A	gent	
71.00	MART HOW				81	Name				
	BAUT, JACK					Street Address (P.O. Box Number is Not Acceptable)				
1919 NW 19TH STREET, BLDG. 2C										
FUR	T LAUDERDALE FL 33309				83					
	,			<u> </u>	84	City		FL	85 Z	ip Code
					L				honging	ite registered
office or n	to the provisions of Sections 607.051 registered agent, or both, in the State im familiar with, and accept the obligation.	of Florida	a. Such change was au	thonzed	DV III	ne corporation	poration submits this statement for the on's board of directors. I hereby accept	ot the appoin	tment as	registered
SIGNATURE										
SIGNATURE	Slaneture, typed or printed name of registered agr	ent and title if	applicable. (NOTE: I	Registered A	Agent s	signature require	ed when reinstating)	DATE		
	Signature, typed or printed name of registered age			Registered A	Agents	signature require	ed when reinstating) ADDITIONS/CHANGES TO OF		D DIREC	TORS IN 12
12.						signature require			D DIREC	
12.	OFFICERS A		TORS	13.	LE	signature require				
12.	OFFICERS A	ND DIREC	TORS	13. 1.1 TITE 1.2 NAM	LE ME	signature require				
12. TITLE NAME	OFFICERS AT PD THIBAUT, JACK	ND DIREC	TORS	13. 1.1 TITE 1.2 NAM	LE ME REET A	ADDRESS			Chang	ge
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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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED BANK OF SIGNING OFFICER OR DIRECTOR

4/14/99

Daytime Phone #