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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

## **CRAFTSMAN INVESTMENT CORPORATION**

(4)

| FILED              |
|--------------------|
| Apr 30 1998 8:00am |
| Secretary of State |
|                    |

|   |  |   | -}   | BIRTH BARAL BIRTH BIRTH 1981      |
|---|--|---|--|-----------------------------------|
| Principal Place of Business                       | Mailing Address CRAFTSMAN INVESTMENT CORPORATION P.O. BOX 370647 MIAMI FL 33137 US |   | 4 (1851) SINGLE SINGLE SINGLE SINGLE SOUTH BOOK OF COLUMN                        | 61614 81831 BIBN 81831 1281       |
| 8301 BISCAYNE BLVD.<br>STE. 214<br>Miami Fl 33138 |  |   | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  04/28/1958        |                                   |
| _   |  |   |  |                                   |
| 2. Principal Place of Business                    | 2a. Mailing Address  |   | 4. FEI Number  | Applied For                       |
| 21  | 26   |   | 59 <del>-6</del> 061849  | Not Applicable                    |
| Suite, Apt. #, etc.                               | Suite, Apt. #, etc.  |   | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |
| City & State                                      | City & State   |   | 6. Election Campaign Financing Trust Fund Contribution                           | \$5.00 May Be<br>Added to Fees    |
| Zip         Country           24         25       | Zip Cc   | untry   | This corporation owes or has paid the curr<br>Personal Property Tax due June 30. | rent year Intangible<br>Yes       |
| 9. Name and Address of Curre                      | nt Registered Agent  |   | 10. Name and Address of New Registered   | Agent                             |
| DIMICLITY, FRILIF S.                              |  | <ul><li>81 Name</li><li>82 Street Addre</li></ul> | ess (P.O. Box Number is Not Acceptable)  |                                   |
|   |  | 63  |  |                                   |

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

64 City

| agent. I ar    | m familiar with, and accept the obligation               | is of, Section 607.0505, Floi | rida Statutes.                   |  |          |
|----------------|--|-------------------------------|----------------------------------|--|----------|
| SIGNATURE      | Signature, typind or printed name of registered agent as | d othe if applicable (NOTE    | Registered Agent signature requi | ired when reinstating) DATE                      |          |
| 12.            | OFFICERS AND D   |                               | 13.                              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 | 2        |
| TITLE          | VD   | ☐ DELETE                      | 1.1 TITLE                        | ☐ Change ☐ A                                     | Addition |
| NAME           | BIRMELIN, ROBERT C.                                      |                               | 1.2 NAME                         |  |          |
| STREET ADDRESS | 6082 VISTA LINDA LANE                                    |                               | 1.3 STREET ADDRESS               |  |          |
| CITY-ST-ZIP    | <b>BOCA RATON FL</b>                                     |                               | 1.4 CITY - ST - ZIP              |  |          |
| TITLE          | 80   | ☐ DELFTE                      | 2.1 TITLE                        | ☐ Change ☐ /                                     | Addition |
| NAME           | <b>Bi</b> rmelin, regina c.                              |                               | 2.2 NAME                         |  |          |
| STREET ADDRESS | 6082 VISTA LINDA LANE                                    |                               | 2.3 STREET ADDRESS               |  |          |
| CITY-ST-ZIP    | BOCA RATON FL  |                               | 2. 4 CITY-ST-ZIP                 |  |          |
| TITLE          | TD   | DELETE                        | 3.1 TITLE                        | ☐ Change ☐ A                                     | Addition |
| NAME           | BIRMELIN, ROBERT C. JR.                                  |                               | 3.2 NAME                         |  |          |
| STREET ADDRESS | <b>60</b> 82 Vista linda lane                            |                               | 3.3 STREET ADDRESS               |  |          |
| CITY-ST-ZIP    | BOCA RATON FL  |                               | 3.4 CITY-ST-ZIP                  |  |          |
| TITLE          | PD   | DELETE                        | 4.1 TITLE                        | Change   | Addition |
| NAME           | <b>Birmelin,</b> Philip S                                |                               | 4. 2 NAMF                        |  |          |
| STREET ADDRESS | 6082 VISTA LINDA LANE                                    |                               | 4.3 STREFT ADDRESS               |  | F        |
| CITY-ST-ZIP    | BOCA RATON FL  |                               | 4.4 CITY - ST - ZIP              |  |          |
| TITLE          | _  | ☐ DELETE                      | 5.1 TITLE                        | ☐ Change ☐ /                                     | Addition |
| NAME           |  |                               | 5.2 NAME                         |  | - }      |
| STREET ADDRESS |  |                               | 5.3 STREET ADDRESS               |  |          |
| CITY-ST-ZIP    |  |                               | 5.4 CITY - ST - ZIP              |  |          |
| TITLE          |  | ☐ DELETE                      | 6.1 TITLE                        | Change D   | Addition |
| NAME           |  |                               | 6.2 NAME                         |  |          |
| STREET ADDRESS |  |                               | 6.3 STREET ADDRESS               |  |          |
|                |  |                               | ■                                |  | - 1      |

64 CITY-ST-ZIP

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.

Zip Code