FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **408163** **(4)**

1. Corporation Name

ARTCRAFT INDUSTRIES, INC.

Principal Place of Business
418 PIEDMONT STREET
ORLANDO FL 32806

Mailing Address
418 PIEDMONT STREET
ORLANDO FL 32806

3. Date Incorporated or Qualified: 09/06/1972
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1414075 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired: XX — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business
21 2531 JEWETT LANE
Suite, Apt. #, etc.
22
City & State
23 SANFORD, FLORIDA
Zip 24 32771 — Country 25 USA

2a. Mailing Address
26 2531 JEWETT LANE
Suite, Apt. #, etc.
27
City & State
28 SANFORD, FLORIDA
Zip 29 32771 — Country 30 USA

9. **Name and Address of Current Registered Agent**

LANG, GERALD
418 PIEDMONT STREET
ORLANDO FL 32806

10. **Name and Address of New Registered Agent**

81 Name: GERALD LANG
82 Street Address (P.O. Box Number is Not Acceptable): 2531 JEWETT LANE
83
84 City: SANFORD, FLORIDA FL
85 Zip Code: 32771

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: gerald Lang — DATE: 4-3-96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	[ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	LANG, GERALD		1.2 NAME	
STREET ADDRESS	890 BUTTONWOOD LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE	VD	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	EUSEPI, VICTOR		2.2 NAME	
STREET ADDRESS	2082 REGAL DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL		2.4 CITY-ST-ZIP	
TITLE	S	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	MANUEL, HELEN		3.2 NAME	
STREET ADDRESS	820 AGNES DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		3.4 CITY-ST-ZIP	
TITLE	PD	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	LANG, JOAN		4.2 NAME	
STREET ADDRESS	890 BUTTONWOOD LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		4.4 CITY-ST-ZIP	
TITLE	V	[X] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	SCALISE, WILLIAM		5.2 NAME	
STREET ADDRESS	2521 KIOWA TRAIL		5.3 STREET ADDRESS	
CITY-ST-ZIP	FERN PARK FL		5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 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: GERALD LANG — 4-3-96 — (407) 328-0006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)