

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

**95 MAY -1 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F12564 (3)

1. Corporation Name
ALESICA HOUSE OF CRAFTS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Making Address
**% WILLIAM E FORE
1034 LAKE HAVEN DRIVE
LUTZ FL 33549**

3. Date Incorporated or Qualified **12/23/1980** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number **58-2053071** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State City & State
23 **28**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country Zip Country
24 **25** **29** **30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FORE, WILLIAM E
1034 LAKE HAVEN DRIVE
LUTZ FL 33549**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reconstituting

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	FORE, WILLIAM E
STREET ADDRESS	1034 LAKE HAVEN DRIVE
CITY - ST - ZIP	LUTZ, FL 00000
TITLE	VS
NAME	FORE, CHRISTINE
STREET ADDRESS	1034 LAKEHAVEN DRIVE
CITY - ST - ZIP	LUTZ FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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	

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 110.07(3)(b), 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: **William E. Fore** *William E. Fore* **4-25-95** **813-949-1902**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Daytime Number)