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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F12564 (3)
1. Corporation Name
ALESICA HOUSE OF CRAFTS, INC.



Principal Place of Business: % WILLIAM E FORE, 1034 LAKE HAVEN DRIVE, LUTZ FL 33549
Mailing Address: % WILLIAM E FORE, 1034 LAKE HAVEN DRIVE, LUTZ FL 33549-6736

3. Date Incorporated or Qualified: 12/23/1980
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2053071
5. Certificate of Status Desired: [] \$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: [] Yes [] No

2. Principal Place of Business: i, Suite, Apt. #, etc., City & State, Zip, Country
2a. Mailing Address: 26, Suite, Apt. #, etc., City & State, Zip, Country

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

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	DP FORE, WILLIAM E 1034 LAKE HAVEN DRIVE LUTZ, FL 00000	1.1 TITLE	[] Change [] Addition
NAME		1.2 NAME	
REGISTERED ADDRESS		1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
FILE	VS FORE, CHRISTINE 1034 LAKEHAVEN DRIVE LUTZ FL	2.1 TITLE	[] Change [] Addition
NAME		2.2 NAME	
REGISTERED ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
FILE	[] DELETE	3.1 TITLE	[] Change [] Addition
NAME		3.2 NAME	
REGISTERED ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
FILE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
REGISTERED ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
FILE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
REGISTERED ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
FILE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
REGISTERED ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: William E. Fore William E. Fore 4-21-97 813-949-1902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)