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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am Secretary of State

•	1999	999 DIVISION OF CORPORATIONS						03-10-1999 90271 005 ***150.00
DOCUI 1. Corporation	MENT 1 Name	# F1256 OF CRAFTS, IN						
ALLOIOA	HOOOL	OF CHAITO, III	01					
Principal Place	e of Busines:	 _	Ma	ailing Address		-		
% WILLIAM E FORE				% WILLIAM E FORE				·
1034 LAKE HAVEN DRIVE LUTZ FL 33549			_	1034 LAKE HAVEN DRIVE LUTZ FL 33549				DO NOT WRITE IN THIS SPACE
LUIZ FC 3334 3			to	112 12 30,043				3. Date Incorporated or Qualifed 12/23/1980
2. Principal Place of Business				2a, Mailing Address				4. FEI Number Applied For
21				26				59-2053071 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5 Cortifects of Status Desired Status Desired Status Desired
22				27				5. Certificate of Status Desired Fee Required
City & State				City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip		Country		Zip	Cou	ntry		8. This corporation owes the current year Intangible
24		25	29		30			Personal Property Tax.
	9. Name	and Address of Cur	rent Regis	tered Agent		81	Name	10. Name and Address of New Registered Agent
FOR	e, William	ΙE				82		
1034 LAKE HAVEN DRIVE							Street Ad	address (P.O. Box Number is Not Acceptable)
LUTZ FL 33549								
						84		85 Zip Code
							City	FL 85 Zip Code
office or re agent. I a	anictored an	ant ar both in the Sta	ate of Florid	607.1508, Florida Statut da. Such change was a , Section 607.0505, Flo	いけわいけしてほうたい	עמיני	the corpora	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed	or printed name of registered	agent and title	if applicable. (NOTE	: Registered	Agen	t signature requ	quired when reinstating) DATE
12.		OFFICER\$	AND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP DP				1.1 TI			Change Discount
NAME					1.2 N			
STREET ADDRESS	LUTZ, FL	E HAVEN DRIVE					T ADDRESS	
CITY-ST-ZIP TITLE	VS	00000		DELETE	2.1 17	TY-\$°	1-217	☐ Change ☐ Addition
NAME		HRISTINE			2.2 N			
STREET ADDRESS		EHAVEN DRIVE			2.3 S	TREET	ADDRESS	
CITY-ST-ZIP	LUTZ FL				2.40	ITY-S	T-ZIP	
TITLE				☐ DELETE	3 1 TI	TLE		Change Addition
NAME					3.2 N	AME		
STREET ADDRESS					3.3 S	TREET	FADDRESS	
CITY-ST-ZIP				☐ DELETE			T-ZIP	☐ Change ☐ Addition
TITLE					4.1 TI 4 2 N		Ì	, Gritings C. Hodiner.
NAME					l		FADDRESS	
STREET ADDRESS CITY-ST-ZIP					1	TY-S		
TITLE				☐ DELETE	5.1 TI			. Change Addition
NAME					5 2 N	AME		
STREET ADDRESS					5.3 8	TREET	r address	
CITY-ST-ZIP						TY-\$	T-ZIP	
TITLE				☐ DELETE	6.1 1			Change Addition
NAME					6.2 N			
STREET ADDRESS					6.3 S	IREET	TADDRESS	

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, with all other like empowered.