


FILE NOW: FILING FEE IS \$61.25

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90181 004 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001591

1. Corporation Name

MID-FLORIDA CERAMIC GUILD, INC.

Principal Place of Business

2445 EASTBROOK BLVD.  
WINTER PARK FL 32792

Mailing Address

2445 EASTBROOK BLVD.  
WINTER PARK FL 32792



494791 - 90181 - 9 1 \*

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/05/1995	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	59-3316223	
24	Country	29	Country	Applied For	
25		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

YOUNG, ELAINE  
2445 EASTBROOK BLVD.  
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<i>D</i> Jean Scoth <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALCERANO, BETT	1.2 NAME	706 Laurel Court
STREET ADDRESS	531 RANGER PARK COURT	1.3 STREET ADDRESS	Casselberry, FL 32707
CITY-ST-ZIP	DAVENPORT FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<i>D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREER, HENRIETTA	2.2 NAME	Dorothy Phillips
STREET ADDRESS	18350 SPENCER ROAD	2.3 STREET ADDRESS	637 W. Harding Street
CITY-ST-ZIP	ODESSA FL 33556	2.4 CITY-ST-ZIP	Orlando, FL 32805
TITLE	S	3.1 TITLE	<i>D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, ELAINE	3.2 NAME	Sue Clogston
STREET ADDRESS	2445 EASTBROOK BLVD.	3.3 STREET ADDRESS	5223 E. Raley Street Orlando, FL 32812
CITY-ST-ZIP	WINTER PARK FL 32792-1707	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, DEL	4.2 NAME	
STREET ADDRESS	8495 91ST TERR. N	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34647	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACON, EDNA	5.2 NAME	
STREET ADDRESS	120 ARKWRIGHT DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, BEV	6.2 NAME	
STREET ADDRESS	8495 91ST TERR. N	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34647	6.4 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 617, 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.

SIGNATURE:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99 407-611-2564  
Date Daytime Phone #

CR2E037 (11/98)