

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Oct 07 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N97000003366 (8)
 1. Corporation Name
COMMUNITY CONSIGNMENT AND CRAFTS SHOPPE, INC.



Principal Place of Business 10109 SANDALFOOT BLVD BOCA RATON FL 33428	Mailing Address 23180 SURF ROAD BOCA RATON FL 33428
---	---

3. Date Incorporated or Qualified 06/09/1997		
4. FEI Number 650731968	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	30 Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**EMBRY, MURLINE
 23180 SURF ROAD
 BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE <input type="checkbox"/>
NAME	WONSIK, CONNIE	
STREET ADDRESS	10843 SHORE DR	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	V	DELETE <input type="checkbox"/>
NAME	WONSIK, JOHN	
STREET ADDRESS	10843 SHORE DR	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	DELETE <input type="checkbox"/>
NAME	SOUTHERLAND, JUDITH	
STREET ADDRESS	23180 SURF RD	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	DELETE <input type="checkbox"/>
NAME	FITZGERALD, JEANNINE	
STREET ADDRESS	10740 N BRANCH RD	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	DELETE <input type="checkbox"/>
NAME	FITZGERALD, RON	
STREET ADDRESS	10740 N BRANCH RD	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	EMBRY, MURLINE	
1.3 STREET ADDRESS	23180 SURF RD	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33428	
2.1 TITLE	D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	PATRICIA O. SCHNEIDER	
2.3 STREET ADDRESS	10625 SHORE DR	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33428	
3.1 TITLE	"CORRECTION" <input checked="" type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	SUTHERLAND JUDITH	
3.3 STREET ADDRESS	23180 SURF RD	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33428	
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: MURLINE EMBRY Murline Embry 09/25/98 561 487-5468

CR2E037 (5/98)