


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90002 037 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005414

1. Corporation Name
SOUTHWEST FLORIDA CRAFT GUILD, INC.

Principal Place of Business 226 PALMACEA ROAD FORT MYERS FL 33905	Mailing Address 226 PALMACEA ROAD FORT MYERS FL 33905
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2. Principal Place of Business 21 1403 SE 19th Street Suite, Apt. #, etc. 22 Cape Coral FL City & State 23 33990-4530 Zip Country	2a. Mailing Address 26 P. O. Box 150236 Suite, Apt. #, etc. 27 City & State 28 Cape Coral FL Zip Country 29 33915-0236 30	3. Date Incorporated or Qualified 09/21/1998	4. FEI Number 65-0787186 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

YOUNG, ROBERT D ESQ.
 13180 NORTH CLEVELAND AVENUE
 SUITE 126
 NORTH FORT MYERS FL 33903

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, TOM	1.2 NAME	Onalee Anderson
STREET ADDRESS	1403 S.E. 19TH STREET	1.3 STREET ADDRESS	750 Elinor Way
CITY-ST-ZIP	CAPE CORAL FL 33990	1.4 CITY-ST-ZIP	Sanibel FL 33957
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKS, PAULA	2.2 NAME	
STREET ADDRESS	226 PALMACEA ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33905	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPPERSON, ALICE	3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 77	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL 33922	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBI, ANNA M	4.2 NAME	
STREET ADDRESS	3517 S.E. 19TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUENCH, EMILY	5.2 NAME	
STREET ADDRESS	1119 PERIWINKLE WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, HELEN	6.2 NAME	
STREET ADDRESS	1403 S.E. 19TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	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: HELEN M. CAMPBELL *HELEN M. CAMPBELL* 08-17-99 941-574-5812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0008265
CR2E037 (5/99)