

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

FILED
May 14 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 # P93000012180 (4)

1. Corporation Name
COUNTRY CRAFTS BY MARY ANN, INC.



Principal Place of Business Mailing Address
21435 SUMMERTRACE CIRCLE BOCA RATON FL 33428

3. Date Incorporated or Qualified **02/17/1993** 3a. Date of Last Report **01/26/1996**
 4. FEI Number **65-0403316** Applied For Not Applicable
 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 2a. Mailing Address
 21 **12960 169th Court No** 25 **12960 - 169th Ct No**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
Jupiter Fla **Jupiter Fla**
 23 Zip 25 Country 29 Zip 30 Country
33478 PBC **33478 PBC**

9. Name and Address of Current Registered Agent
DEWESE, MARY ANN
21435 SUMMERTRACE CIR.
BOCA RATON FL 33428
 10. Name and Address of New Registered Agent
 81 Name **Mary Ann Dewese**
 82 Street Address (P.O. Box Number is Not Acceptable) **12960 169th Court No**
 83
 84 City **Jupiter** FL 85 Zip Code **33478**

11. 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: **Mary Ann Dewese** **Mary Ann Dewese** DATE: **4-28-97**
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 | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEWESE, MARY A | 1.2 NAME | Mary Ann Dewese |
| STREET ADDRESS | 21435 SUMMERTRACE CIR | 1.3 STREET ADDRESS | 12960 - 169th Court No |
| CITY-ST-ZIP | BOCA RATON FL 33428 | 1.4 CITY-ST-ZIP | Jupiter, Fla 33478 |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEWESE, JOE A | 2.2 NAME | Dewese, Joe A |
| STREET ADDRESS | 21435 SUMMERTRACE CIR | 2.3 STREET ADDRESS | 12960 - 169th Ct No |
| CITY-ST-ZIP | BOCA RATON FL 33428 | 2.4 CITY-ST-ZIP | Jupiter Fla 33478 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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: **Mary Ann Dewese** DATE: **4-28-97** DAYTIME PHONE #: **561-744-4665**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)