

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 9:58

DOCUMENT # P93000051353 (9)

1. Corporation Name
AMERICRAFT CO., INC.

Principal Place of Business 904 4TH ST W PALMETTO FL 34221 US	Mailing Address P O BOX 2500 PALMETTO FL 34220 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/22/1993	3a. Date of Last Report 05/01/1994
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4. FEI Number 65-0424686	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL B5 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINWACHS, KEVIN E	1.2 NAME	
STREET ADDRESS	904 4TH ST WEST	1.3 STREET ADDRESS	4710 50th Street West #1816
CITY - ST - ZIP	PALMETTO FL	1.4 CITY - ST - ZIP	BRADENTON, FL 34201
TITLE	VD	2.1 TITLE	TSDV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINWACHS, JEFFREY	2.2 NAME	
STREET ADDRESS	P O BOX 369	2.3 STREET ADDRESS	4710 50th Street West #1816
CITY - ST - ZIP	BUFFALO NY	2.4 CITY - ST - ZIP	BRADENTON, FL 34201
TITLE	TSD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINWACHS, JEAN-M	3.2 NAME	RESIGNED AS DIRECTOR
STREET ADDRESS	P O BOX 369	3.3 STREET ADDRESS	AND AS TS
CITY - ST - ZIP	BUFFALO NY	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINWACHS, KAREN	4.2 NAME	
STREET ADDRESS	P O BOX 369	4.3 STREET ADDRESS	
CITY - ST - ZIP	BUFFALO NY	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINWACHS, MARK	5.2 NAME	
STREET ADDRESS	P O BOX 369	5.3 STREET ADDRESS	
CITY - ST - ZIP	BUFFALO NY	5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Kevin E Steinwachs 1-10-95 813-722-6631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #