

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

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**Apr 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Wrotham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000051353 (9)
1. Corporation Name
AMERICRAFT CO., INC.



Principal Place of Business 804 4TH ST W PALMETTO FL 34221 US	Mailing Address P O BOX 2500 PALMETTO FL 34220-2500 US
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3. Date Incorporated or Qualified 07/22/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0424686	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country
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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
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEINWACHS, KEVIN E	
STREET ADDRESS	6335 THORNDON CIR.	
CITY-ST-ZIP	UNIVERSITY PARK FL 34201	
TITLE	TSVD	<input type="checkbox"/> DELETE
NAME	STEINWACHS, JEFFREY	
STREET ADDRESS	PO BOX 369 N A	
CITY-ST-ZIP	BUFFALO NY 14240	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEINWACHS, KAREN	
STREET ADDRESS	P O BOX 369 NA	
CITY-ST-ZIP	BUFFALO NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEINWACHS, MARK	
STREET ADDRESS	6335 THORNDON CIR.	
CITY-ST-ZIP	UNIVERSITY PARK FL 34201	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Steinwachs Karen
3.3 STREET ADDRESS	P.O. Box 369 NA
3.4 CITY-ST-ZIP	BUFFALO NY 14240
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Kevin Steinwachs 1-9-97 941-722-6631
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0434987

CR2E034 (9/96)