

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **491800** (9)

1. Corporation Name  
**AM-CRAFT, INC.**



Principal Place of Business: **207 S. SUNSET TERRACE INVERNESS FL 34450-1815 US**  
Mailing Address: **207 S. SUNSET TERRACE INVERNESS FL 34450-1815 US**

3. Date Incorporated or Qualified: **12/02/1975**  
3a. Date of Last Report: **04/07/1995**  
4. FEI Number: **59-1635501**  
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 (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
**STORR, GAIL  
207 S. SUNSET TERRACE  
INVERNESS FL 34450**

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 **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and fee if applicable. (NONE) Registered Agent signature required when re-registering.

| 12. OFFICERS AND DIRECTORS |                                 | <input type="checkbox"/> DELETE |
|----------------------------|---------------------------------|---------------------------------|
| TITLE                      | <b>PD</b>                       |                                 |
| NAME                       | <b>STORR, HOWARD J. SR.</b>     |                                 |
| STREET ADDRESS             | <b>207 SOUTH SUNSET TERRACE</b> |                                 |
| CITY-STATE-ZIP             | <b>INVERNESS FL</b>             |                                 |
| TITLE                      | <b>STD</b>                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>STORR, GAIL</b>              |                                 |
| STREET ADDRESS             | <b>207 SOUTH SUNSET TERRACE</b> |                                 |
| CITY-STATE-ZIP             | <b>INVERNESS FL</b>             |                                 |
| TITLE                      | <b>D</b>                        | <input type="checkbox"/> DELETE |
| NAME                       | <b>STORR, GLENN L.</b>          |                                 |
| STREET ADDRESS             | <b>1104 KNOB HILL</b>           |                                 |
| CITY-STATE-ZIP             | <b>INVERNESS FL</b>             |                                 |
| TITLE                      |                                 | <input type="checkbox"/> DELETE |
| NAME                       |                                 |                                 |
| STREET ADDRESS             |                                 |                                 |
| CITY-STATE-ZIP             |                                 |                                 |
| TITLE                      |                                 | <input type="checkbox"/> DELETE |
| NAME                       |                                 |                                 |
| STREET ADDRESS             |                                 |                                 |
| CITY-STATE-ZIP             |                                 |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|--|--|---------------------------------|-----------------------------------|
| 1.1 TITLE  |  |                                 |                                   |
| 1.2 NAME   |  |                                 |                                   |
| 1.3 STREET ADDRESS                                     |  |                                 |                                   |
| 1.4 CITY-STATE-ZIP                                     |  |                                 |                                   |
| 2.1 TITLE  |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 2.2 NAME   |  |                                 |                                   |
| 2.3 STREET ADDRESS                                     |  |                                 |                                   |
| 2.4 CITY-STATE-ZIP                                     |  |                                 |                                   |
| 3.1 TITLE  |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME   |  |                                 |                                   |
| 3.3 STREET ADDRESS                                     |  |                                 |                                   |
| 3.4 CITY-STATE-ZIP                                     |  |                                 |                                   |
| 4.1 TITLE  |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.2 NAME   |  |                                 |                                   |
| 4.3 STREET ADDRESS                                     |  |                                 |                                   |
| 4.4 CITY-STATE-ZIP                                     |  |                                 |                                   |
| 5.1 TITLE  |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME   |  |                                 |                                   |
| 5.3 STREET ADDRESS                                     |  |                                 |                                   |
| 5.4 CITY-STATE-ZIP                                     |  |                                 |                                   |
| 6.1 TITLE  |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 6.2 NAME   |  |                                 |                                   |
| 6.3 STREET ADDRESS                                     |  |                                 |                                   |
| 6.4 CITY-STATE-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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Stor* **GAIL STORR** 4/29/96 352-726-4569  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date/Time Phone #

CR2E034 (12/95)