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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90230 023 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 491800

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/02/1975**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**59-1635501**

Applied For  
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STORR, GAIL  
 207 S. SUNSET TERRACE  
 INVERNESS FL 34450

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
 NAME STORR, HOWARD J. SR.  
 STREET ADDRESS 207 SOUTH SUNSET TERRACE  
 CITY-ST-ZIP INVERNESS FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE STD  DELETE  
 NAME STORR, GAIL  
 STREET ADDRESS 26 S LUNAR TERRACE  
 CITY-ST-ZIP INVERNESS FL

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS 207 S. SUNSET TERRACE  
 2.4 CITY-ST-ZIP INVERNESS FL 34450

TITLE D  DELETE  
 NAME STORR, GLENN L.  
 STREET ADDRESS 1104 KNOB HILL  
 CITY-ST-ZIP INVERNESS FL

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS 207 S SUNSET TERRACE  
 3.4 CITY-ST-ZIP INVERNESS FL 34450

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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 607, 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 *Howard J. Storr Sr.*

HOWARD J STORR SR - PRESIDENT

1/22/99

352-726-4569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)