

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

FILED

Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 287502 (9)
1. Corporation Name
CRAFTSMAN MASONRY INC

Principal Place of Business
302 S FIGTREE LANE
PLANTATION FL 33317

Mailing Address
302 S FIGTREE LANE
PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/04/1964	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 59-1083282	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ABBATE, LORENZO J JR 302 S FIG TREE LANE PLANTATION FL 33317		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZO, ABBATE J JR.	1.2 NAME	
STREET ADDRESS	302 S. FIG TREE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBATE, MARIA LUCY	2.2 NAME	
STREET ADDRESS	302 S. FIG TREE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBATE, ANTHONY J	3.2 NAME	
STREET ADDRESS	302 S FIG TREE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 00000	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBATE, JOHN P.	4.2 NAME	
STREET ADDRESS	302 S. FIG TREE LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	
TITLE		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		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 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:  (9541)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARCH 10, 1998 9741736
Date Daytime Phone # 0266982

CR2E034 (10/97)