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Jun 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **331917** **(5)**

1. Corporation Name
CRAFTSMAN PANEL CORPORATION

Principal Place of Business	Mailing Address
9605 N.W. 79TH AVE #29 HIALEAH FL 33016	9605 N.W. 79TH AVE #29 HIALEAH FL 33016-2527

3. Date Incorporated or Qualified: 06/28/1968	3a. Date of Last Report: 04/15/1996
4. FEI Number: 59-1278998	☐ Applied For ☐ Not Applicable
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	2a. Mailing Address
21 9636 N.E. 5th Ave Rd	26 9636 N.E. 5th Ave. Rd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, Fl.	28 City & State: Miami, Fl.
24 Zip: 33138 25 Country: Dade	29 Zip: 33138 30 Country: Dade

9. Name and Address of Current Registered Agent

MCKILLOP JR, ROY,
9636 N.E. 5TH AVENUE ROAD
MIAMI SHORES FL 33138

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCKILLOP JR., ROY		1.2 NAME		
STREET ADDRESS	9636 N.E. 5TH AVE. RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WOODWARD, RAY		2.2 NAME		
STREET ADDRESS	5001 S.W. 172ND AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCKILLOP, LINDA		3.2 NAME		
STREET ADDRESS	9636 N.E. 5TH AVE. RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCKILLOP, LINDA		4.2 NAME		
STREET ADDRESS	9636 N.E. 5TH AVE. RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [illegible] 6/6/97 (305) 258-4982