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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 408163

ARTCRAFT INDUSTRIES, INC.

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90030 006 ***150.00



	· .									
Principal Place of Business Mailing Address										
2531 JEWETT LANE SANFORD FL 32771			2531 JEWETT LANE SANFORD FL 32771 US				DO NOT WRITE IN THIS SPACE			
US		00					3. Date Incorporated or Qualifed			
		- 1					09/06/1972 4. FEI Number	; A	pplied For	
2. Principal Pl	ace of Business	\vdash	lailing Address				59-1414075		ot Applicable	Ê
21	W - L -	26	uite, Apt. #, etc.					\$8.75	Additional	'
Suite, Apt. 3	τ, etc	27	and, ripit ir, oto.	~		-		Fee F	equired	
City & State			City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28	•				Trust Fund Contribution		to Fees	1
Zip	Country	Z	ip	Cou	intry		8. This corporation owes the current ye			
24		29		30			Personal Property Tax.	☐ Yes	□No	-
	9. Name and Address of Currer	nt Registe	red Agent		041	Maria	10. Name and Address of New Regist	tered Agent		1
					81	Name	· · · · · · · · · · · · · · · · · · ·			
LANG, GERALD			82			Street Addr	ress (P.O. Box Number is Not Acceptable)			
2531 JEWETT LANE SANFORD FL 32771							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1
SAN	FURD FL 32// I				83		· · · · · · · · · · · · · · · · · · ·			
					84	City	The state of the s	□ 85 Zir	Code	
	****	1,003	AFOO Floride State	itaa tha s	hava	named com	poration submits this statement for the purpo	ose of changing i	ts registered	1
							on's board of directors. I hereby accept the	appointment as	registered	
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, S	ection 607.0505, FI	orida Stat	tutes.					
SIGNATURE	Signature, typed or printed name of registered age	ent and title if a	policable (NOT	F: Registered	d Agent	signature require	ed when reinstating) D	ATE		j 6
12	OFFICERS At			13.		<u> </u>	ADDITIONS/CHANGES TO OFFICE			1 5
TITLE	DTS		☐ DELETE	1.1 T	TLE		12. 1至200.15	☐ Changi	Addition	=
NAME	LANG, GERALD			1.2 N	1.2 NAME				-	F034
STREET ADDRESS	890 BUTTONWOOD LANE			1.3 S	TREET	ADORESS				ĮЙ
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			1.4 C	HTY-ST	-ZIP			- Addition	<u> </u>
TITLE	PD	-	DELETE	2.1 T	ITLE			☐ Chang	≘	`
NAME	LANG, JOAN			2.2 N	IAME					
STREET ADDRESS	890 BUTTONWOOD LANE			2.3 S	TREET	ADDRESS				- -
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			2.40	CITY-S	T-ZIP		☐ Chang	e	\exists
TITLE	V		☐ DELETE	3.1 T	ITLE			□ Cilary		1
NAME	MUNITZ, ALAN J.			3.2 N	AME		<i>→</i>			
STREET ADDRESS	101 MARKHAM COURT			3.3 5	TREET	ADDRESS				Ì
CITY-ST-ZIP	LONGWOOD FL 32779				CITY-S	T-ZIP		Chang	e ∏Additior	╣
TITLE			☐ DELETE		TITLE			· · · Conding	ò '□.199\\\\	
NAME					NAME					ļ
STREET ADDRESS						ADDRESS				
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NAME	1. 1					ADDRESS	, 7 (· · .		•	
STREET ADDRESS					CITY-S		100	•		
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NAME						r ADDRESS	•			
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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 all address, with all other like empowered.

SIGNATURE: