

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 444515

(1)

1. Corporation Name

BRIAN'S CRAFTS, INC.

Principal Place of Business

**1421 SOUTH DOGE HWY
NEW SMYRNA BEACH FL 32108**

Mailing Address

**1421 SOUTH DOGE HWY
NEW SMYRNA BEACH FL 32108**

**APPROVED
AND
FILED**

95 APR 24 AM 9:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/21/1974

3a. Date of Last Report

04/27/1994

4. FEI Number

59-1650802

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. 189.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OPPENHEIMER, MICHAEL H.
925 N. HALIFAX AVE., #403
DAYTONA BEACH FL 32018**

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 re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	OPPENHEIMER, (ARTHUR R.)
STREET ADDRESS	925 N. HALIFAX AVE.
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	VD
NAME	OPPENHEIMER, MICHAEL
STREET ADDRESS	925 N. HALIFAX AVE.
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	SD
NAME	OPPENHEIMER, SALLY D.
STREET ADDRESS	925 N. HALIFAX AVE.
CITY - ST - ZIP	DAYTONA BEACH, FL. Y
TITLE	TD
NAME	OPPENHEIMER, BRIAN I.
STREET ADDRESS	925 N. HALIFAX AVE.
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	deceased, 2-9-93
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	President, Treasurer
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 110.07(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:

Sally D. Oppenheimer

Sally D. Oppenheimer

4-15-95

904 423-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number