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May 12 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 # 444515 (1)

1. Corporation Name  
BRIAN'S CRAFTS, INC.



Principal Place of Business Mailing Address  
1421 SOUTH DIXIE HWY 1421 SOUTH DIXIE HWY  
NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168-7804

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
01/21/1974 05/01/1996  
4. FEI Number Applied For  
59-1650902 Not Applicable  
5. Certificate of Status Desired \$8.75 Additional  
Fee Required  
6. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

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

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: Signature, type 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 VD DELETE 1.1 TITLE Change Addition  
NAME OPPENHEIMER, MICHAEL 1.2 NAME  
STREET ADDRESS 925 N. HALIFAX AVE. #403 1.3 STREET ADDRESS  
CITY-ST-ZIP DAYTONA BEACH FL 1.4 CITY-ST-ZIP  
TITLE SD DELETE 2.1 TITLE Change Addition  
NAME OPPENHEIMER, SALLY D. 2.2 NAME  
STREET ADDRESS 925 N. HALIFAX AVE. #403 2.3 STREET ADDRESS  
CITY-ST-ZIP DAYTONA BEACH, FL Y 2.4 CITY-ST-ZIP  
TITLE PT DELETE 3.1 TITLE Change Addition  
NAME OPPENHEIMER, BRIAN I. 3.2 NAME  
STREET ADDRESS 925 N. HALIFAX AVE. #403 3.3 STREET ADDRESS  
CITY-ST-ZIP DAYTONA BEACH FL 3.4 CITY-ST-ZIP  
TITLE DELETE 4.1 TITLE Change Addition  
NAME 4.2 NAME  
STREET ADDRESS 4.3 STREET ADDRESS  
CITY-ST-ZIP 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

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: Sally D. Oppenheimer APR. 16 1997 904-740-6444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone