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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 444515 1. Corporation Name

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90040 022 ***150.00

BRIAN'S CRAFTS, INC.										
		4-time Address						<u> </u>	idil Eleli I	
Principal Place of Business		Mailing Address								
333 BEVILLE RD		33 BEVILLE RD				•				
S DAYTONA FL 32119		S DAYTONA FL 32119 US			DO NOT WRITE IN THIS SPACE					
65	•					3. Date Incorporated or Qual	lifed	·		1
						01/21/1974				
2. Principal Place of Business		2a. Mailing Address			4. FEI Number				For	
<u></u>		26				59-1650902		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desire	ed 🔲		5 Addit		
22		27							e Require	
City & State		City & State				6. Election Campaign Finance	oing 🗆		00 May	
23		28				Trust Fund Contribution			ded to Fe	es
<u>-</u>	untry	Zip 7	Countr	ry		8. This corporation owes the	current yea	r Intangible ∐Yes		
24 25	29		30			Personal Property Tax. 10. Name and Address of N	ow Registe		ال	
9. Name and Ac	Idress of Current Regi	izreten wäeur	8	1 N	ame	TO. Haine and Address Of N	Irohiote	on Whent		
OPPENHEIMER, MICH	AFI H		Ľ							
925 N.HALIFAX AVE.,				2 S	reet Addres	ess (P.O. Box Number is Not Ac	ceptable)			
DAYTONA BEACH FL 32018			8:	3					······································	
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11 Pursuant to the provisions of	Sections 607.0502 and	607.1508. Florida Statut	es, the abo	ve-na	med corpor	pration submits this statement for	the purpos	e of changin	g its regi	stered
Pursuant to the provisions of office or registered agent, or to	noth in the State of Flor	rida. Such change was a	uthorized b	v the	med corpor corporation	pration submits this statement for n's board of directors. I hereby a	the purpos accept the a	e of changin ppointment a	g its regi is registe	stered red
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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, oppn an attachment with an address, with all other like empowered.

SIGNATURE:

FICER OR DIRECTOR

9-29-99

Poy To -- 6 4114