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 # 464303

Corporation Name

Zip

AD CRAFT CORPORATION

Principal Place of Business	Mailing Address	
3000 MIRANDA ST ORAL GABLES FL 33156	13080 MIRANDA ST CORAL GABLES FL 33156	
Principal Place of Business	2a. Mailing Address	
Cuito Ant # ata	Suite Ant # etc	

City & State City & State Country Zip

25 30 29 9. Name and Address of Current Registered Agent

BAILEY, DAVID J 13080 MIRANDA ST **CORAL GABLES FL 33156**

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90022 014 ***150.00



DO NOT WRITE IN THIS SPACE

			4. FEI Number	Applied For			
	59-1578837		<u>59-1578837</u>	Not Applicable			
			5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
	6. Election Campaign Financing S5.00 May Trust Fund Contribution Added to Fee						
Country 8. This corporation owes the current year Intangible							
			Personal Property Tax.	☐ Yes ☐ No			
			10. Name and Address of New Registere	d Agent			
	81 Name						
82 Street Address (P.O. Box Number is Not Acceptable)							
	83						
	84	City .	F	L 85 Zip Code			
e above-named corporation submits this statement for the purpose of changing its registered zed by the corporation's board of directors. I hereby accept the appointment as registered tatutes.							
rec	Agent	signature required w	hen reinstating) DATE				
3.		-	ADDITIONS/CHANGES TO OFFICERS 7	AND DIRECTORS IN 12			
		· 					

3. Date Incorporated or Qualifed 10/30/1974

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorizagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

GNATURE						
	Signature, typed or printed name of registered agent and title if applica	· · · · · · · · · · · · · · · · · · ·	egistered Agent signature re			
2.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS A		
TLE	P	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
AME	BAILEY, NANCY		1.2 NAME			
REET ADDRESS	13080 MIRANDA ST		1.3 STREET ADDRESS			
TY-ST-ZIP	CORAL GABLES, FL 00000 33156		1.4 CITY-ST-ZIP			
TLE .	D	☐ DELETE	2.1 TITLE		☐ Change	Addition
ME .	BAILEY, DAVID J	•	2.2 NAME	. •		
REET ADDRESS	13080 MIRANDA ST		2.3 STREET ADDRESS	÷		
TY-ST-ZIP	CORAL GABLES, FL 00000 33156	•	2. 4 CITY-ST-ZIP			
TLE	D	☐ DELETE	3.1 TITLE		Change	Addition
ME	HARRIS, MARY LOU	-	3.2 NAME	•		
REET ADDRESS	2845 GRANADA BLVD	,	3.3 STREET ADDRESS			1. 1. 1787
TY-ST-ZIP	CORAL GABLES FL 33134		3.4. CITY-ST-ZIP	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	T_{ij}	1
TLE	•	☐ DELETE	4.1 TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change	Addition
ME ,			4. 2 NAME			
REET ADDRESS			4.3 STREET ADDRESS	•		
TY-ST-ZIP	•		4.4 CITY-ST-ZIP			
1.E		☐ DELETE	5.1 TITLE		Change	☐ Addition
ME			5.2 NAME	, m = 100 m		•
REET ADDRESS	_		5.3 STREET ADDRESS			
TY-ST-ZIP			5.4 CITY-ST-ZIP			
TLE	Lister Decree Services	☐ DELETE	6.1 TITLE		☐ Change	Addition
ME	大型的 化 型型 医乳腺 (元) [1]		6.2 NAME		_ •	_
REET ADDRESS	Note 1 (1) 18 (1) 10 (1) 18 (1) 18 (1)		6.3 STREET ADORESS			
	1)		F <u></u>			

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 13 if changed, or on an attachment with an address, with all other like empowered.