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03-14-1999 90017 020 ***150.00

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

 Corporation 	IM CRAFTSMEN, INC.					
Principal Place of Business		Mailing Address			#11 4(81) #1611 B1611 B1	Jer Brain (92)
12841 66TH STREET. NORTH LARGO FL 33782 US		12841 66TH STREET. NORTH LARGO FL 33782 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
				11/22/1974		U - 3 #
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		lied For Applicable
21		Suite, Apt. #, etc.		59-1560961	\$8.75 A	
Suite, Apt. #, etc.		27		5. Certifcate of Status Desired	•	quired
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution Added to Fees		
Zip Country 24 33773 25		Zip Country 29 33 77.3 30		8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No		
	9. Name and Address of Current			10. Name and Address of New Register	red Agent	
			81 Name			
1284	LSKI (THOMAS P.) 1 66TH STREET NORTH			Address (P.O. Box Number is Not Acceptable)		-
LARG	GO FL 34643		83	•		
			84 City		85 Zip C	ode 3773
agent. I ar SIGNATURE	m familiar with, and accept the obligat	t and title if applicable. (NOTE: F	da Statutes. Registered Agent signature re		<u></u>	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	DPAT	☐ DELETE	1.1 TITLE 1.2 NAME		C) circulat	
NAME	TAFELSKI, THOMAS P 12841-66TH STREET NORTH		1.3 STREET ADDRESS			
STREET ADDRESS	LARGO FL 33773		1.4 CITY-ST-ZIP			
CITY-ST-ZIP	DVST	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	REINAGEL, THOMAS M.		2.2 NAME			
STREET ADDRESS	9611-61ST WAY NORTH		2.3 STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL 33782		2.4 CITY-ST-ZIP			
TITLE	AS	☐ DELETE	3.1 TITLE	,	Change	☐ Addition
NAME	TAFELSKI, THOMAS P		3 2 NAME			
STREET ADDRESS	12841 - 66TH ST., N.		3.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL 33773		3 4. CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE			
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
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 ANNOCSS			6.3 STREET ADDRESS			

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 of 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 rustee 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS