

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 18 PM 2: 27

DOCUMENT # 520006 (8)

1. Corporation Name

CRAFT TOWN INC.

Principal Place of Business

2500 SOUTH 56TH AVENUE  
HOLLYWOOD FL 33023

Mailing Address

2500 SOUTH 56TH AVENUE  
HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/20/1976

3a. Date of Last Report

03/17/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1707454

Applied For

Not Applicable

Suite, Apt., etc.

Suite, Apt., etc.

5. Certificate of Status Desired

☐

\$6.75 Additional  
Fee Required

City & State

23

City & State

27

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

24

Zip

Country

28

30

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, L.E.  
6660 EVANS ST.  
HOLLYWOOD FL 33024

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 verifying.)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                       |
|----------------|-----------------------|
| TITLE          | PD                    |
| NAME           | KELL, RUTH A.         |
| STREET ADDRESS | 6333 SW 26TH ST       |
| CITY, ST, ZIP  | MIRAMAR FL            |
| TITLE          | SD                    |
| NAME           | SIMMONS, PATRICIA     |
| STREET ADDRESS | 6770 CLEVELAND STREET |
| CITY, ST, ZIP  | HOLLYWOOD FL          |
| TITLE          | VD                    |
| NAME           | SIMMONS, DAVID        |
| STREET ADDRESS | 5812 SW 26TH STREET   |
| CITY, ST, ZIP  | HOLLYWOOD FL          |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY, ST, ZIP  |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY, ST, ZIP  |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY, ST, ZIP  |                       |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Ruth Kell, Deceased, 12/8/94                                                 |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY, ST, ZIP  |                                                                              |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           | Same                                                                         |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY, ST, ZIP  |                                                                              |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           | Same                                                                         |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY, ST, ZIP  |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY, ST, ZIP  |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY, ST, ZIP  |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                                                              |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 CITY, ST, ZIP  |                                                                              |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 111.02(3)(g), 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 1, 2 or Block 1.3 if changed, or on an attachment with an address.

SIGNATURE:

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(DATE)

(Signature Number)

305-966-7994

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CP