

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **585423** (7)

1. Corporation Name
DISTAFF & SPINDLE CRAFT STUDIO, INC.



Principal Place of Business: **245 S MAITLAND AVE MAITLAND FL 32751**
Mailing Address: **245 S MAITLAND AVE MAITLAND FL 32751**

3. Date Incorporated or Qualified: **09/01/1978**
3a. Date of Last Report: **01/23/1995**
4. FEI Number: **59-1876154**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**PREVATT, ANNE
245 S MAITLAND AVE
MAITLAND FL 32751**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0607 and 607.1504, Florida Statutes, the above named corporation submits the 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 607.0607, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS
11 TITLE: DELETE
12 NAME: **PD PREVATT, ANNE**
13 STREET ADDRESS: **245 S. MAITLAND AVE**
14 CITY, ST, ZIP: **MAITLAND FL**
21 TITLE: DELETE
22 NAME: _____
23 STREET ADDRESS: _____
24 CITY, ST, ZIP: _____
31 TITLE: DELETE
32 NAME: _____
33 STREET ADDRESS: _____
34 CITY, ST, ZIP: _____
41 TITLE: DELETE
42 NAME: _____
43 STREET ADDRESS: _____
44 CITY, ST, ZIP: _____
51 TITLE: DELETE
52 NAME: _____
53 STREET ADDRESS: _____
54 CITY, ST, ZIP: _____
61 TITLE: DELETE
62 NAME: _____
63 STREET ADDRESS: _____
64 CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition
 Change Addition
 Change Addition
 Change Addition

14. I do hereby certify that the information supplied herein has been voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 of this report, or even attachment, with an address.

SIGNATURE: *Anne F. Prevatt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 407-645-0878

CR2E034 (12/95)