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FILED
Feb 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 591410 (6)
1. Corporation Name
CUSTOM CRAFT INDUSTRIES, INC.



Principal Place of Business: 10451 W BROWARD BLVD SUITE 106 PLANTATION FL 33324 US
Mailing Address: 10451 W BROWARD BLVD SUITE 106 PLANTATION FL 33324-2124 US

3. Date Incorporated or Qualified: 10/27/1978
3a. Date of Last Report: 07/24/1996
4. FEI Number: 22-2002122
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. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country
25. Zip Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip Country
30. Zip Country

9. Name and Address of Current Registered Agent
LEVINE, ELLEN C.
12050 N.W. 29TH ST.
SONRISE, FLORIDA DM 33323

10. Name and Address of New Registered Agent
81 Name: GARY LEVINE
82 Street Address (P.O. Box Number is Not Acceptable): 10451 W BROWARD BLVD #106
83 PLANTATION
84 City: PLANTATION
85 Zip Code: FL 33324

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: Gary Levine
Signature typed or printed name of registered agent and fee-if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 2/18/97

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	LEVINE, ELLEN	
STREET ADDRESS	9912 MARERIN DRIVE	
CITY- ST- ZIP	TAMARAC FL	
TITLE	DV	<input type="checkbox"/>
NAME	LEVINE, BERNARD I	
STREET ADDRESS	9912 MARUERIN DRIVE	
CITY- ST- ZIP	TAMARAC FL	
TITLE	VICE PRESIDENT	<input type="checkbox"/>
NAME	GARY LEVINE	
STREET ADDRESS	10451 W BROWARD BLVD	
CITY- ST- ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY- ST- ZIP			

14. I do 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, or an attachment with an address.

SIGNATURE: Gary Levine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 1/26/97
DAYTIME PHONE #: 954 475-8500

CR2E034 (9/96)