

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 607750 (7)

1. Corporation Name
AMCRAFT FIXTURE CO., INC.



Principal Place of Business 928 W SLUGH AVE SEFFNER FL 33584	Mailing Address P.O. BOX 151603 TAMPA FL 33684 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/24/1979	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-1872738	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

BREAKEY, FRED
928 W SLUGH AVE
SEFFNER FL 33584

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D JACKSON, CLAUDE, JR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3201 GRANADA	1.2 NAME	
STREET ADDRESS	TAMPA, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D HENRY, ROBERT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT 3 BOX 1971	2.2 NAME	
STREET ADDRESS	ODESSA, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DST CHAPMAN, RICHARD L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3601 COPPERTREE CIR	3.2 NAME	
STREET ADDRESS	BRANDON, FL 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BARBER, LEO D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTH DOVER RD	4.2 NAME	
STREET ADDRESS	DOVER, FL 00000	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	P BREAKEY, FRED B	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	928 W SLUGH	5.2 NAME	
STREET ADDRESS	SEFFNER, FL 00000	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DV ROMBERGER, JOHN J	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	808 ROSIER RD	6.2 NAME	
STREET ADDRESS	BRANDON, FL 00000	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 if changed or on an attachment with an address.

SIGNATURE: *Fred B Breakey* April 5, 1998 813-685-0566 813-240-7457

CR2E034 (10/97)