

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

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AND
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1997 JUL 31 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 693316
1. Corporation Name

The Crafter's Nest, Inc

Principal Place of Business Same	Mailing Address 237 High St. Augusta, KANSAS, 67010
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified July 28, 1981	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2109143	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B1 Name MARY S. HOPKINS	B5 Zip Code 33408
B2 Street Address (P.O. Box Number is Not Acceptable) MARY S. HOPKINS, CPA	
B3 784 U.S. HWY 1, SUITE 11	
B4 City NORTH PALM BEACH	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 Mary S. Hopk MARY S. HOPKINS 2-8-97
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PP	Campbell, Marsh S		500002258225--3
STREET ADDRESS	237 High ST.	13 STREET ADDRESS	-08/05/97--01077--001
CITY - ST - ZIP	Augusta, KANSAS 67010	14 CITY - ST - ZIP	****165.00 ****165.00
TITLE	NAME	21 TITLE	22 NAME
		23 STREET ADDRESS	24 CITY - ST - ZIP
STREET ADDRESS		31 TITLE	32 NAME
CITY - ST - ZIP		33 STREET ADDRESS	34 CITY - ST - ZIP
TITLE	NAME	41 TITLE	42 NAME
		43 STREET ADDRESS	44 CITY - ST - ZIP
STREET ADDRESS		51 TITLE	52 NAME
CITY - ST - ZIP		53 STREET ADDRESS	54 CITY - ST - ZIP
TITLE	NAME	61 TITLE	62 NAME
		63 STREET ADDRESS	64 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 if changed, or on an attachment with an address.

SIGNATURE: Marsha Campbell Hulvey, Pres. 4/1/97 316/775-2975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)