


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

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 834552 (2) 1. Corporation Name TANDYCRAFTS, INC.					
Principal Place of Business 1400 EVERMAN PARKWAY P.O. BOX 1869 (ZIP - 76101) FT WORTH TX 76140			Mailing Address 1400 EVERMAN PARKWAY P.O. BOX 1869 (ZIP - 76101) FT WORTH TX 76140		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/20/1975	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 75-1475224	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ <small>Signature, typed or printed name of registered agent (and fee if applicable) (NOTE: Registered Agent's signature required when reinstating)</small> DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	V	<input type="checkbox"/> DELETE			
NAME	TAYLOR, LEO C				
STREET ADDRESS	1400 EVERMAN PKWY				
CITY-ST-ZIP	FT WORTH, TX 0				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SCHUTTS, R.				
STREET ADDRESS	2720 CULLEN ST.				
CITY-ST-ZIP	FT WORTH, TX 00000				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	WALSH, M. J.				
STREET ADDRESS	1400 EVERMAN PARKWAY				
CITY-ST-ZIP	FT WORTH, TX 00000				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	ALLEN, JAMES D				
STREET ADDRESS	1400 EVERMAN PKWY.				
CITY-ST-ZIP	FT. WORTH TX				
TITLE	VS	<input type="checkbox"/> DELETE			
NAME	PRICE, RUSSELL L				
STREET ADDRESS	1400 EVERMAN PKWY				
CITY-ST-ZIP	FT WORTH TX				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)

4/28/98

817-551-9604
Daytime Phone # 0631736