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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 01 1997 8:00am

Secretary of State

DOCUMENT # F95000004912 (0)

** KEY WEST CRAFTERS, INC.									
Principal Plac 8731 OAKWOO UNIT BA HOLLYWOOD F	D BLVD	Mailing Address 3731 OAKWOOD BLVD UNIT BA HOLLYWOOD FL 33020-7112			1 10 TELEBRA HAND ORANGA BAHAN BOMAN B Tanan bahan bah	 	01818 1818F	i 1181 1881	
US .	2 33020	US	į			3. Date Incorporated or Qualified 10/09/1995	1	ate of Last R	eporl
	lace of Business	28. Mailing Address			````	4. FEI Number	1 00/		oplied For
21 2//7			lasery Dr.		Dr.	84-1320035		No	of Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
City & State		City & State			* .			equired	
	Springs FL	28 COLAL SPASA	Jas	81	BLESA	6. Election Campaign Financing	г	\$5.00	
Zlp	Country	7ip	Cou	intry		Trust Fund Contribution 8. This corporation has fiability fo	r intensible	Added :	
330	71 25 US		30] U	SA	}		Yes		. 199.032,
	9. Name and Address of Current			:		10. Name and Address of New R			
GENNARO, JOSEPH A 81 Name .						-			
271 N.E. 38 ST. APT. C-211					Street Addre	ige (P.O. Boy Number is Not Accepta	ahle)		
OAK	LAND PARK FL 33334								
** *				83					
			ŀ	84	City		· · · · · · · · · · · · · · · · · · ·	85 Zip i	Code
<u> </u>				.		·	FL	. '	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	? and 607.1508, Florida Statutos of Horida, Such change was au	s, the at Inorized	oove-	named corporation	pration submits this statement for the	purpose o	if changing it	s registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	da Stat	utes	по сегрогам	and board of birectors. Thoroby desi	spr nic ap	Somment da	registered
SIGNATURE									
12.	Signature, typed or printed name of registered agen OFFICERS AND		Registeres	d Agent	signature require	d when reinstaling) ADDITIONS/CHANGES TO OFF	DATE ICEDS AND	DIDECTOR	00 161 40
TITLE	P	DELETE 1,1 TI		 I I F	·	ADDITIONS/CHANGES TO OFF	ICENS ANI	Change	Addition
NAME	PUNZIANO, MICHAEL A.		1.2 NAME					C Vitalia	7,000,000
STREET ADDRESS	2546 THOMAS STREET				DDRESS	. •			
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY						ŀ
TITLE	8	DELETE						Change	Addition
NAME	GENNARO, JOSEPH A				ŀ			_	
STREET ADDRESS	271 N.E. 38 ST., APT. C-211		2.3 ST	REET A	DORESS .	•			
DITY-ST-ZIP	OAKLAND PARK FL 33334			1Y-S1		and the second s			Ì
TITLE		DELETE 3.		I (F	,			☐ Change	Addition
NAME			3.2 NA	JME					
STREET ADDRESS			3.3 ST	REET A	DDRESS				
CITY-ST-2IP			3.4. CI	ITY-ST	-7iP				
TITLE		☐ DELETE	41] [ILE.				Change	Addition
NAME			4. 2 N/	AME					
STREET ADDRESS					DDRESS				
CITY-ST-ZIP		T britte		IY-SI-	ZIP			□ A:	
TITLE		DELETE	5.1 717					Change	Addition
NAME ATTORET LABORERS			5.2 NA						
STREET ADDRESS					DDRESS				ļ
CITY-ST-ZIP				1Y-SI-	ZIP			Change	Addition
NAME		□ DETERE	6.1 TIT					L Change	MODITION
STREET ADDRESS			6.2 NA		DODGCC				
POINCE (AUDITESS			6.3 ST	ntt I Al	DORESS				

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 composition or life 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 plangett, order an illustrament with an address.