FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	Secreta DIVISION OF	ary of State CORPORATION	SNC			
DOCU 1. Corporatio	MENT # K2301	5 (6)					
EAST (COAST CRAFTSMAN, INC.						
Principal Place	e of Business	Mailing Address				ill Blail Blait Bibit	3 10ff 01 3 ft 013ft 100f
4025 SNOWY EGRET DRIVE		4025 SNOWY EGRET DR					
W. MELBOUR US	INE FL 32904	W. MELBOURNE FL 3290 US	04				
		•			3. Date Incorporated or Qualified 05/02/1988	3a. Date of	Last Report /1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	12/00	Applied For	
21		26			59-2890677		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	Π \$	8.75 Additional
Crty & State	e	Crty & State			6. Election Campaign Financing		Fee Required
23		28			Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		B. This corporation has liability for		
4	9. Name and Address of Currer	29 at Panistered Agent	30		Florida Statutes Yes 10. Name and Address of New R	No	
	VI Hame and Address of Curren	it negistered Agent	81	Name	IV. Name and Address of New H	egistered Age	nt
EHRHAR	DT, DEBORAH L		82	Stroot Add	ess (P.O. Box Number is Not Acceptab		
	OWY EGRET DRIVE		62	Street Mour	ess (r.o. box number is not Acceptati	(0)	
W. MELB	SOURNE FL 32904		83				
			84	City		8	5 Zip Code
11. Pursuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statuta	e too above r	amed cover	align guides the obstances for the	- FI /	, ,
or register familiar wi	red agent, or both, in the State of Florid th, and accept the obligations of, Sect	da. Such change was authorize	d by the corp	oration's boar	ation submits this statement for the pured of directors. Thereby accept the appo	ose o: changi intment as regi	ig its registered office stered agent. I am
SIGNATURE.	Whatah d.	Ehrhardt	Justo	RAH 1.	ETHRHARDT C	130/109	à (
			E. Fegistered Agen	Esgriatore regame	Ewher rediction gr	DATE	
12. TILE	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI	·	
NAME	EHRHARDT, STEPHEN W.	occirc	1.2 NAME				hange 🔲 Addition
STREET ADDRESS	4025 SNOWY EGRET DRIVE		1.3 STREET	ADDRESS			
CITY - ST - ZIP	W. MELBOURNE FL 32904		1.4 CITY - S	I - ZIP			
10:LF	ST STEPSON	☐ DELETE	2 1 THILE				hange 🔲 Addition
NAME	EHRHARDT, DEBORAH L. 4025 SNOWY EGRET DRIVE		2.2 NAME				
STREET ADDRESS	W. MELBOURNE FL 32904		23 STHEFT				
CITY-ST-Z/P TITLE	11. WILLDOOTHIE 1 E 02804		2.4 CITY+S1				
NAME		[] DELETE				<u> </u>	Page Addition
		☐ DELETE	3 1 TITLE 3 2 NAME	1-21-		C	nange 🔲 Addition
SPREED ADDRESS		[] DELETE	3 1 TITLE				nange Addition
DITY-ST-ZIP			3 1 TITLE 3 2 NAME	ADDRESS		C1	nange Addition
CITY-ST-ZIP TITLE		DELETE	3 1 HTLE 32 NAME 33 STREET	ADDRESS		ci	
CITY-ST-ZIP TITLE NAME			3 1 TITLE 32 NAME 33 STREET 34 CITY - ST 4. 1 TITLE 42 NAME	ADDRESS - ZIP			
DITY-ST-ZIP TITLE NAME STHEET ADDRESS			3 1 TITLE 32 NAME 33 STREET 34 CITY - ST 4.1 TITLE 42 NAME 4.3 STREET	ADDRESS - ZIP ADDRESS			
DITY-ST-ZIP TITLE NAME STHEET ADDRESS DITY-ST-ZIP			3 1 TITLE 32 NAME 33 STREET 34 CITY - ST 4. 1 TITLE 42 NAME	ADDRESS - ZIP ADDRESS		CI	range 🔲 Addition
CHY-ST-ZIP THE NAME STHEET ADDRESS CHY-ST-ZIP THE		☐ DELETE	3 1 TITLE 32 NAME 33 STREET 34 CITY - ST 4. 1 TITLE 42 NAME 43 STREET 44 CITY - ST	ADDRESS - ZIP ADDRESS			range 🗌 Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3 1 ITTLE 32 NAME 33 STREET 34 CITY-ST 4.1 TITLE 42 NAME 43 STREET 44 CITY-ST 5 1 TITLE	ADDRESS ZIP ADDRESS ZIP		CI	range 🔲 Addition
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CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3 1 ITTLE 32 NAME 33 STREET 34 CITY ST 4. 1 TITLE 42 NAME 4.3 STREET 4.4 CITY ST 5 1 TITLE 52 NAME 5.3 STREET 6.1 TITLE	ADDRESS - 7IF ADDRESS - 7 P ADDRESS		c)	nange Addition

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.

| GNATURE: | Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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SIGNATURE: WILLIAM OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR