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

CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K23015

(6)

EAST	COAST C	RAFTSMAN, INC.					
Principal Plac	e of Busines	Mailing Address	ailing Address				
	y egret dri RNE FL 32904		4025 SNOWY EGRET DRIVE W. MELBOURNE FL 32904 US			DO NOT WRITE IN THIS SPACE	
							3. Date incorporated or Qualified
O Delinate at 0	Mara 2/ D. Ida		- Fa- Name (22)				05/02/1988
2. Principal F	riace of Busir	1955	2a. Mailing Address				4. FEI Number Applied For Not Applicable
Suite, Apt.	#, etc		Suite, Apt. #, etc.				S8 75 Additional
22			27				5. Certificate of Status Desired Fee Required
City & Stat	e		City & State				6. Election Campaign Financing \$5.00 May Be
Zip Country			Zin Country				Trust Fund Contribution
24	ŀ	29	Zip Country 30		,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No	
24		25 and Address of Curren		30	1		10. Name and Address of New Registered Agent
FI	HRHARDT, I	DEBORAH L			81	Name	
4025 SNOWY EGRET DRIVE				82 Street Add			Address (P.O. Box Number is Not Acceptable)
Į VV.	. MELBOUH	NE FL 32904			83		
					84	City	FL 85 Zip Code
11 Pursuant	to the provisi	ons of Sections 607.050	2 and 607.1508. Florida Sta	tutes the	ahov	e-named	
office or r	registered ag	ent, or both, in the State	of Florida, Such change wa	s authoriz	ed by	the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	V //	Wasah 2	MILLET DER	KAT+ I	. 17	FR HP	ROF SCRIKKY 0105-98
	Signature, typed	or printed name of registered age	nt and title if applicable. (	NOTE: Registe	red Age	nt signature	required when reinstating) DATE
12.	P	OFFICERS AND	D DIRECTORS DELETE	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	EHRHARDT, STEPHEN W.		E DELETE		1,1 TITLE 1,2 NAME		Change Li Addigon
STREET ADDRESS					1.3 STREET ADDRESS		
City-St-ZiP	III IIII BOUBLE EL ACCOL					IT-ZIP	
TITLE	ST		☐ DELETE	2.1 TITLE			Change Addition
NAME	EHRHARDT, DEBORAH L.			2.2 NAME			/
STREET ADDRESS	1			2.3 STREET ADDRESS		ADDRESS	/
CITY-ST-ZIP	W. MELBOURNE FL 32904				2. 4 CITY-ST-ZIP		. /
TITLE	l İ		☐ DELETE		TITLE	ļ	Change Addition
NAME					NAME		/
STREET ADDRESS				1		ADDRESS	, /
CITY-ST-ZIP TITLE			DELETE		CITY-! TITLE	51-ZIP	☐ Change ☐ Addition
NAME					NAME		O Shange a recursion
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP				. I	CITY-S		
TITLE		,	☐ DELETE		TITLE		Change Addition
NAME				5.2	NAME		
STREET ADDRESS				5.3	STREET	ADDRESS	
CITY-ST-ZIP				5.4	CITY-S	T-ZIP	
7171.5			LOCIETE		7177 F		Change Addition
TITLE			L DELETE	6.1	TITLE	j	Lad Grange Lad Addition

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 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

**FILED** 

Jan 27 1998 8:00am

Secretary of State