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Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K57236

(7)

1. Corporation Name
CRAFTEC FURNITURE, INC.



Principal Place of Business:

Mailing Address:

**3000-15 NW 25 AVE
 POMPANO BCH FL 33069
 US**

**3000-15 NW 25 AVE
 POMPANO BCH FL 33069-1048
 US**

3. Date Incorporated or Qualified 01/06/1989	3a. Date of Last Report 03/11/1996
4. FEI Number 65-0092641	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHILLIPS, DOUGLAS
 10112 NW 70TH ST.
 TAMARAC FL 33321**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
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 607.0503, Florida Statutes.

SIGNATURE

(Signature type for printed name of officer or director and type if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	PD	13.1 TITLE	
12.2 NAME	PHILLIPS, DOUGLAS	13.2 NAME	
12.3 STREET ADDRESS	10112 NW 70TH ST	13.3 STREET ADDRESS	
12.4 CITY- ST- ZIP	TAMARAC FL	13.4 CITY- ST- ZIP	
12.5 TITLE		13.5 TITLE	
12.6 NAME		13.6 NAME	
12.7 STREET ADDRESS		13.7 STREET ADDRESS	
12.8 CITY- ST- ZIP		13.8 CITY- ST- ZIP	
12.9 TITLE		13.9 TITLE	
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY- ST- ZIP		13.12 CITY- ST- ZIP	
12.13 TITLE		13.13 TITLE	
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY- ST- ZIP		13.16 CITY- ST- ZIP	
12.17 TITLE		13.17 TITLE	
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY- ST- ZIP		13.20 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: *Douglas Phillips*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97 954-978-1711

CR2E034 (9/96)