

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

DOCUMENT # K63996 (8) 1. Corporation Name ASSEMBLY CRAFT CORPORATION

FILED 97 APR 24 AM 8:26

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address % IVONNE M. SMITH 202 SCHOOL ROAD INDIAN HARBOUR BEACH FL 32937

3. Date Incorporated or Qualified 02/08/1989 3a. Date of Last Report 05/01/1986

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

4. FEI Number 59-2938347 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent SMITH, IVONNE M. 202 SCHOOL ROAD INDIAN HARBOUR BEACH FL 32937

10. Name and Address of New Registered Agent 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, this 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 DATE 1-11-97

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for SMITH, IVONNE M. with address 202 SCHOOL ROAD INDIAN HARBR BCH FL.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes handwritten entries and a stamp: 700002162437-7 -05/01/97--04109-048 ****165.00 ****165.00

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: [Signature] DATE: 4-01-97 DAYTIME PHONE: 407-773-7210

CR2E034 (9/96)