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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # **K63996**

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SECRETARY OF STATE

HALLES FLORIDA

ASSEMBLY CRAFT CORPORATION			SECRETA	CE FLORIDA
Principal Place of Business 15 IVONNE M. SMITH 202 SCHOOL ROAD INDIAN HARBOUR BEACH FL 32837	Mailing Addréss % IVONNE M. SMITH 202 SCHOOL ROAD INDIAN HARBOUR BEACH	I FL 32937- 96 33	1 Joseph die angs Jale 1844 1844	1117 21011 31211 31211 31211 31211 31211
			3. Date Incorporated or Qualifie 02/08/1989	d 3a, Date of Last Report 05/01/1996
Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 59-2938347	Applied For Not Applicable
Suite, Apt #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & Stale		6. Election Campaign Financing Trust Fund Contribution	
Zip Country	29	Country		for intangible tax under s. 199.032,
24 25 9, Name and Address of Cur		1301	10. Name and Address of New	
SMITH, IVONNE M.	7/	81 Name	· · · · · · · · · · · · · · · · · · ·	
202 SCHOOL ROAD	/\$	B2 Street Add	ress (P.O. Box Number is Not Accep	otable)
Indian Harbour Beach FL 3293	137	83	·	
•	/.			
	`	84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	utes the week corp	poration submits this statement for th	e purpose of changing its registered
				cedune appointment as registered
agent I am fariilirar with, and accept the of	gations of Section 607.0505, F	Florida Status	more board of an obtors. Theroby ac	1 11
11. Pursuant to the provisions of Sections 607.6 office or registered agent, or both, in the Stagent Tam familiar with, and accept the electronic StGNATUR StGNATUR	market .	\		11197
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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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are no 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 73 if changed, or on an althornous with a faddress.

SIGNATURE:

ION PUBE AND THE OF PRINTED NAME OF BIGNING FFICER OR DIRECTOR

4=01-97 407-773-721

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