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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 17 1997 8:00am  
Secretary of State

DOCUMENT # **K69582**

(0)

1. Corporation Name

**J S D L G KRAFTS, INC.**

Principal Place of Business

**% JAMES J. KIRSCHTEN  
6067 SE FEDERAL HWY  
STUART FL 34997**

Mailing Address

**% JAMES J. KIRSCHTEN  
6067 SE FEDERAL HWY  
STUART FL 34997-8104**

3. Date Incorporated or Qualified  
**02/27/1989**

3a. Date of Last Report  
**01/31/1996**

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**KIRSCHTEN, JAMES J  
6067 SE FEDERAL HWY  
STUART FL 34997**

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, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and block applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

**DPT  
KIRSCHTEN, JAMES J.  
6067 SE FEDERAL HWY  
STUART FL**

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

**DVS  
KIRSCHTEN, SUZANNE  
6067 SE FEDERAL HWY  
STUART FL**

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

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TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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:

*James J. Kirschten*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/7/97 54-220-2893*  
Date Daytime Phone #

CR2E034 (9/96)