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**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # L14048 (7)GARDEN CRAFT, INC. Principal Place of Business Mailing Address 11634 WHITEMARSH DR 11634 WHITEMARSH DR WEST PALM BEACH FL 33414-5940 WEST PALM BEACH FL 33414-5940 3. Date Incorporated or Qualified 3a. Date of Last Report 09/05/1989 01/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0144046 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes X No Zip 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPILLANE, J. P. 12788 W. FOREST HILL BLVD. Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33414 83 84 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE Change Addition TITLE 11700 BAKER, JEFFREY A. NAME 1.2 NAME CR2E034 11634 WHITEMARSH DRIVE STREET ADDRESS 1.3 STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34, CITY-ST-ZIP TITLE DELETE 4.1 THLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE Change Addition TITLE 5.1 TiTLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY-\$1-ZIP DELETE Change Addition TITLE 6.1 MILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

G.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 12 if changed, or on an atlachment with an address

3-21-97

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