

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L90714** (1)

1. Corporation Name
ARTISAN WOODCRAFT, INC.



Principal Place of Business: **7280 W PALMETTO PARK ROAD SUITE 305N BOCA RATON FL 33433**
Mailing Address: **7280 W PALMETTO PARK ROAD SUITE 305N BOCA RATON FL 33433**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: **08/02/1990**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **65-0218609**
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: **WALDMAN, ANA MARIA 7280 W. PALMETTO PARK RD. SUITE 305N BOCA RATON FL 33433**
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
 1. TITLE: **VT** DELETE
 2. NAME: **WALDMAN, ANDREW C.**
 3. STREET ADDRESS: **7280 W. PALMETTO PARK ROAD, #305N**
 4. CITY-ST-ZIP: **BOCA RATON FL**
 5. TITLE: **PDS** DELETE
 6. NAME: **WALDMAN, ANA MARIA**
 7. STREET ADDRESS: **7280 W. PALMETTO PARK ROAD, #305N**
 8. CITY-ST-ZIP: **BOCA RATON FL**
 9. TITLE: DELETE
 10. NAME: _____
 11. STREET ADDRESS: _____
 12. CITY-ST-ZIP: _____
 13. TITLE: DELETE
 14. NAME: _____
 15. STREET ADDRESS: _____
 16. CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: Change Addition
 1.2 NAME: _____
 1.3 STREET ADDRESS: _____
 1.4 CITY-ST-ZIP: _____
 2.1 TITLE: Change Addition
 2.2 NAME: _____
 2.3 STREET ADDRESS: _____
 2.4 CITY-ST-ZIP: _____
 3.1 TITLE: Change Addition
 3.2 NAME: _____
 3.3 STREET ADDRESS: _____
 3.4 CITY-ST-ZIP: _____
 4.1 TITLE: Change Addition
 4.2 NAME: _____
 4.3 STREET ADDRESS: _____
 4.4 CITY-ST-ZIP: _____
 5.1 TITLE: Change Addition
 5.2 NAME: _____
 5.3 STREET ADDRESS: _____
 5.4 CITY-ST-ZIP: _____
 6.1 TITLE: Change Addition
 6.2 NAME: _____
 6.3 STREET ADDRESS: _____
 6.4 CITY-ST-ZIP: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ana Maria Waldman* **Ana Maria Waldman-26-96 (407)361-9595**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date Daytime Phone #

CR2E034 (12/95)