

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M57296 (9)
1. Corporation Name
TWO COUNTRY CRAFTERS, INC.



Principal Place of Business 3900 SW 137 AVE BOX 155 MIRAMAR FL 33027 US	Mailing Address 3900 SW 137 AVE BOX 155 MIRAMAR FL 33027 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 910 Wildflower St. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 1762 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/13/1987	
22 City & State 23 Lake Placid, FL		27 City & State 28 Lake Placid, FL		4. FEI Number 65-0003745 Applied For Not Applicable	
24 33852 Country		25 Highlands Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
26 33862 Country		27 Highlands Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent WARNER, JONI 3900 SW 137 AVE MIRAMAR FL 33027	
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10. Name and Address of New Registered Agent 81 Name Warner, Joni 82 Street Address (P.O. Box Number is Not Acceptable) 910 Wildflower St 83 L 84 City Lake Placid FL 85 Zip Code 33852	
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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 Joni Warner DATE 4-18-98

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	WARNER, JONI S	1.2 NAME	Warner, Joni S.
STREET ADDRESS	3900 SW 137 AVE	1.3 STREET ADDRESS	910 Wildflower St
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 endorsement.

SIGNATURE: Joni Warner DATE 4-18-98 DAYTIME PHONE # 941-699-0664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)