


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

FILED
Apr 27 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 # **P03111** (2)
1. Corporation Name
FRANK'S NURSERY & CRAFTS, INC.

Principal Place of Business
**6501 E NEVADA
DETROIT MI 48234**

Mailing Address
**6501 E NEVADA
DETROIT MI 48234**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/22/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 38-1561374	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHTON, HARRIS J.	1.2 NAME	JOSEPH R. BACEKO
STREET ADDRESS	METRO CENTER, ONE STATIO	1.3 STREET ADDRESS	1175 W. LONG LAKE ROAD
CITY - ST - ZIP	STAMFORD CT	1.4 CITY - ST - ZIP	TROY, MI 48098
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO	2.2 NAME	
STREET ADDRESS	TOWNSEND, ERNEST W	2.3 STREET ADDRESS	
CITY - ST - ZIP	6501 E. NEVADA	2.4 CITY - ST - ZIP	
	DETROIT MI	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input checked="" type="checkbox"/> DELETE	3.2 NAME	
NAME	AC	3.3 STREET ADDRESS	
STREET ADDRESS	JACKSON, EDWARD J.	3.4 CITY - ST - ZIP	
CITY - ST - ZIP	6501 E NEVADA	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	DETROIT MI	4.2 NAME	
TITLE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	1175 W. LONG LAKE ROAD
NAME	V	4.4 CITY - ST - ZIP	TROY, MI 48098
STREET ADDRESS	SIMPSON, JAMES R	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	6501 E NEVADA	5.2 NAME	LARRY T. LAKIN
	DETROIT MI	5.3 STREET ADDRESS	1175 W. LONG LAKE ROAD
TITLE	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	TROY, MI 48098
NAME	VTD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	LOVEJOY, ROBERT M.	6.2 NAME	
CITY - ST - ZIP	6501 E NEVADA	6.3 STREET ADDRESS	1175 W. LONG LAKE ROAD
	DETROIT MI	6.4 CITY - ST - ZIP	TROY, MI 48098
TITLE	<input type="checkbox"/> DELETE		
NAME	VS		
STREET ADDRESS	EVERINGHAM, J. T		
CITY - ST - ZIP	6501 E NEVADA		
	DETROIT MI		

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 address.

SIGNATURE:

JAMES R. SIMPSON 4/9/98 (313) 366-8400

CR2E034 (10/97)