SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P92000001386 (1) **DOCUMENT #** CRAFTS BY JULIE, INC. Principal Place of Business Mailing Address 7124 NW 16TH STREET 7124 NW 16TH STREET **PLANTATION FL 33313** PLANTATION FL 33313 3. Date Incorporated or Qualified 3a. Date of Last Report 11/02/1992 08/10/1995 2. Principal Place of Business 2a. Mailing Address 4 EEL Number Applied For 6943/2 Bruna Bhi 65-0369179 21 26 120 W Trap. al Way Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Plentat. テレ 28 Trust Fund Contribution 3. Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, VSA 25 030 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Bruce ILOVITCH & MANELLA P.A. 6-126.26 2206 HOLLYWOOD BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) 14 Tropical Way HOLLYWOOD FL 33020 83 $\overline{^{ ext{Cit}}}\!oldsymbol{arphi}$ 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. 84 SIGNATURE and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)DELETE DPST Change Addition THILE 11 TITLE HIMES, JULIE NAME 1.2 NAME CR2E034 6.120 W Tropied way 7124 N.W. 16TH ST. STREET ADDRESS 1.3 STREET ADORESS **PLANTATION FL 33313** DITY-ST-ZIP 14 CITY - ST - ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 2IP TITLE DEFELE 3.1 TITLE Change Addition NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE TITLE 51 JIRE Change Add-tion NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 61 TITLE Change Addition NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 significant shall have the same legal effect as if made under oath; that I fin ar Nitzer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Elorida Statutes, and that my name appears to Block 130 changed, or or in attachment with an address. SIGNATURE: