

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P92000005962 (5)

1. Corporation Name
CRAFTIES, INC.



Principal Place of Business
5800 OVERSEAS HWY
#33
MARATHON FL 33040
US

Mailing Address
973 OCOTILLO LANE
MARATHON FL 33050
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1992	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 65-0367716	Applied For Not Applicable
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 IHM, RUTHANN M MORRISON, JAMES J. 684 48TH ST 973 Ocotillo Lane MARATHON FL 33050 Marathon, FL 33050				10. Name and Address of New Registered Agent 81 Name JAMES J. MORRISON, PRES. 82 Street Address (P.O. Box Number is Not Acceptable) 973 Ocotillo Lane 83 84 City Marathon FL 85 Zip Code 33050	

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 date if applicable

(NOTE: Registered agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MORRISON, GLORIA M	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, GLORIA M	1.2 NAME	
STREET ADDRESS	973 OCOTILLO LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL 33050	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IHM, RUTHANN M	2.2 NAME	
STREET ADDRESS	684 48TH STREET, GULF	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL 33050	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Current Pres. and sole director	3.2 NAME	
STREET ADDRESS	MORRISON, JAMES J.	3.3 STREET ADDRESS	
CITY-ST-ZIP	973 Ocotillo Lane	3.4 CITY-ST-ZIP	
TITLE	Marathon, FL 33050	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 Feb. 98

743-3334

Daytime Phone # 0146391

CR2E034 (10/97)