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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 PM 8:23

DOCUMENT # **P94000001753 (0)**

1. Corporation Name
101+ CRAFTERS, INC.

Principal Place of Business	Mailing Address
918 VIZCAYA BLVD ST AUGUSTINE FL 32086	918 VIZCAYA BLVD ST AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1994	3a. Date of Last Report: N/A
4. FEI Number: 59-3227453	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: X	$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 § 199.032, Florida Statutes ☐ Yes X No	

2. Principal Place of Business	2a. Mailing Address
21 1155 W. SR 434	26 1155 W. SR 434
22 Suite, Apt. #, etc: Ste 149	27 Suite, Apt. #, etc: Ste 149
23 City & State: Longwood FL	28 City & State: Longwood, FL
24 Zip: 32750 25 County: Seminole	29 Zip: 32750 30 County: Seminole

9. Name and Address of Current Registered Agent

JONES, KATHERINE G
UPCHURCH BAILEY & UPCHURCH PA
780 N PONCE DE LEON BLVD
ST AUGUSTINE FL 32085

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 _____ DATE
(Typed or printed name of registered agent and, if the registered agent is an officer or agent of a corporation, the title held) (NOTE: Registered Agent's signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	POTPORA, THOMAS G	12 NAME	
STREET ADDRESS	12409 FOREST GLEN	13 STREET ADDRESS	
CITY-ST-ZIP	PALOS PARK IL 60464	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, KYLE B	22 NAME	
STREET ADDRESS	9901 SAN FRANCISCO AVE	23 STREET ADDRESS	
CITY-ST-ZIP	EVERGREEN IL 60642-2647	24 CITY-ST-ZIP	
TITLE	DVST	31 TITLE	☐ Change ☐ Addition
NAME	YAMNITZ, TONY	32 NAME	
STREET ADDRESS	918 VIZCAYA BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Tony Yamnitz 5-22-95 407-834-2101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402364 FP