## . FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** -GORFORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

P94000038602 (6) DOCUMENT #

CRAFT INTERNATIONAL, INC.

Mailing Address Principal Place of Business 37 ST. JAMES DR. 109 E 50TH STREET PALM BEACH GARDENS FL 33418 DAVENPORT IA 52806 Ū\$

3. Date incorporated or Qualified

3a. Date of Last Report

US .			05/23/1994	05/30/1995		
Disability Disability of Disability	2a, Mailing Address			4. FEI Number		Applied For
Principal Place of Business	26. Widning Address			65-0495371		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, et	tc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	City & State			Flection Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
	28	Country		This corporation has liability for i	ntangible tax	
Zip Country	Zip	[30]		Florida Statutes  Yes	🔀 No	
25	29 29 of Current Registered Agent	130		10. Name and Address of New R	egistered A	jent
g, Name and Address	or carroll hogistered agent	81	Name			
CORPORATION INFORMATION SERVICES INC.			82 Street Address (P.O. Box Number is Not Acceptable)			
			82 Street Address (P.O. Box Number is Not Acceptable)			
1201 HAYS ST.		83				
TALLA: (ASSEE FL 32301		<u> </u>	Cit			85 Zip Code
11. Pursuants of the provisions of Section		84	1 ′		<u>FL</u>	
or registered agent, or both, in the Si familiar with, and accept the obligation SIGNATURE	oris of, Section 607.0505, Florida Si	inote Registered Ag		ed when the state (i)	DATE	
	FICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
12. OF	DELET	TE 1.1 TITUE		resident		Change
NAME LANG, MILTON	 	1.2 NAM6				
STREET ADDRESS 37 ST. JAMES DR.		13 STRE	ET ADDRESS 2	515+ Sanes DR		. E/ 334/6
CITY-ST-ZIP PALM BEACH GAR	RDENS FL 33418	14 CITY	- \$1 - ZIP	oglan Boach lea	visen	1 Channe D Addition
TITLE D	D£LE		·   1	4ilton hang pist Sanes In palm Beach Ga Vice Posiclent Gutleren harr 258 Lukini PL biamond It oac	A 4	Johango E Addition
NAME GUTIERREZ, LARR		2 2 NAM		Gutleren hass	4 r s	IC.
STREET ADDRESS 358 LUKINI PLACE			et Address	358 Lukin1, 14	1 10	(36 12.1
CITY-ST-ZIP DIAMOND HEAD N	MS 39525		ST-ZIP	Diamona 1+ car	<u> </u>	Change Addition
TITLE	☐ DELE		•		_	_
NAME		3.2 NAM	E ADDRESS			
STREET ADDRESS			-ST-ZIF			
CITY - ST - ZIP	DELE					Change Addition
TITLE		4 2 NAN				
NAME			FET ADDRESS			
STREET ADDRESS			r-ST-ZIP			
CITY-ST-ZIP TITLE	DELI				[	☐ Change ☐ Additio
NAME	-	5 2 N4	4E			
STREET ADDRESS		53STF	EET ACORESS	چېن کا پېښارېن <u>دند پېښار کې</u>	— <i>a</i> — •	<b>10</b>
CITY-ST-ZIP			y - ST - ZIP.	9000017 -04/09/3601	110-0	□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
TITLE	□ DFL		•	-04/09/9601	11001	La onango La Additio
NAME		6 2 NA		***200.00		
STREET ADDRESS	<u>/</u> )		REEL ADDRESS			ν'
CITY ST. 7IP			Y-ST-ZIP	to for the exemption stated in Section 1	19.07(3)(k). FI	orida Statutes, I further
CITY - ST - ZIP  14. I do hereby certify that the information indicate	tion supplied with this fing is volun of an this annual report or suitaleme	tarily techshed and c exa! annual report is	oes not quair true and accu	y for the exemption stated in Section 1 urate and that my signature shall have t this ruport as required by Chapter 607,	he same lega	l effect as if made und
certify that the information indicate	or of the fornaration of the reactives	or trustes empower Lan advicess.	ed to execute	this report as required by Chapter 607,	FIGHUA Statu	ies, and that my i
	Chance 1 ACDO 2012/18/00/2017	LOS LOUGINGS S.		, ,		
appears in Block 12 or Block 13 if	Crianges, or or participation			2 2/11/9	( 2	19-386-884.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR