FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000049549 (6)

1. Corporation Name

TECHNOCRAFTS, INC.

Principal Place of Business	Mailing Address
1254 HOLLY COVE DRIVE JUPITER FL 33458	1254 HOLLY COVE DRIVE JUPITER FL 33458

3. Date Incorporated or Qualified: 07/05/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 124 Ridge Rd
Suite, Apt. #, etc
22 3
City & State
23 Jupiter FL
Zip
24 33477
Country
25 USA

2a. Mailing Address
26 124 Ridge Rd.
Suite, Apt. #, etc
27
City & State
28 Jupiter FL
Zip
29 33477
Country
30 USA

4. FEI Number: 65-0514906 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TOBIANN CIHOCKI
1254 HOLLY COVE DR
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name: Tobiann Howell
82 Street Address (P.O. Box Number is Not Acceptable): 124 Ridge Rd.
83
84 City: Jupiter FL 85 Zip Code: 33477

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: Tobiann Howell
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent's signature required when reinstating
DATE: 5/20/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	CIHOCKI, TOBIANN		1.2 NAME	HOWELL TOBIANN	
STREET ADDRESS	1254 HOLLY COVE DRIVE		1.3 STREET ADDRESS	124 RIDGE RD	
CITY-ST-ZIP	JUPITER FL 33458		1.4 CITY-ST-ZIP	JUPITER, FL 33477	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Tobiann Howell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/20/96 Daytime Phone #: (407) 575-2240