FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 09 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P94000085236 (5) CRAFTICS, INC. Principal Place of Business Mailing Address 800 FIRST AVENUE NORTH, SUITE 301 600 FIRST AVENUE NORTH, SUITE 301 C/O JEFFREY M. GOODIS C/O JEFFREY M. GOODIS DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 3. Date Incorporated or Qualified 11/22/1994 2. Principal Place of Business Mailing Address Applied For P.O. Box Suite, Apt. #, etc. 65-0540308 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GOODIS, JEFFREY M ESQ. **600 FIRST AVENUE NORTH** 82 SUITE 301 ST. PETERSBURG FL 33701 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/9) 13. DELETE Addition TITLE 1.1 TITLE Change NAME Greenwald, Harry R 1.2 NAME 600 FIRST AVENUE NORTH, SUITE 301 STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33701 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information offial 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 increase of trustice exhibowered the execute this seport as required by Chapter 607, Florida Statutes; and that my name appears in that I are I ar

TITLE

NAME

STREET ADDRESS

SIGNATURE:

14. Thereby certify that the information stipped indicated on this annual report or supply officer or director of the corporation of the Block 12 or Block 13 if changed of the corporation of the supply of the sup

Change

Addition