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

PROFIT CORPORATION



**FILED** Aug 28 1998 8:00am

ANNUAL REPORT 1998	Secretary of S DIVISION OF CORPO		Secretary of State	
DOCUMENT # P9500039552				
Solution Craf	ters, Inc	•		
Principal Place of Business Mailing Address			4	
5630 SW 76th St. 5630 SW 76th St.			į.	
\$3 #3		DO NOT WRITE IN THIS SPACE		
	·		3. Date Incorporated or Qualified 5-17-95	
}- <del></del>	26 2955 Hartley Rd		4. FEI Number 65-0582594	Applied For Not Applicable
Suite. Apt # etc	ADT * etc Suite, Apt. *, etc.  27 SULTE 204		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	cate City & State 28 Jackson Ville, FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25 29	Zip C	ountry USA	8. This corporation owes or has paid the cu	<del></del>
9. Name and Address of Current Reg			10. Name and Address of New Registered	
Mary Ann Carlson				
2958 Hartley Rd, Suite 204 12 Street Address			ss (P.O. Box Number is Not Acceptable)	
Jacksonville, FL 3225	7	83		
84 City			<u>FL</u>	85 Zip Code
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 it am lambar with, and accept the obligations of. Section 607 0505, Florida Statutes.				
SIGNATURE Signature report or order over a of registered agent and into if applicable (NOTE Registered Agent signature required when reinstaling)  DATE				
12. OFFICERS AND DIR			ADDITIONS/CHANGES TO OFFICERS AN	
nite D		TITLE		
Mark Litner   Street address   5630 SW 76th St., #		NAME STREET ADDRESS		1 23
611 ST-21 Miami, FC 33143		CITY-ST-ZIP		
TULE	1 '	TITLE		Change Addition C
STREET SOOPESS	1	NAME STREET ADDRESS		
CGS-ST-SP		CITY-ST-ZIP		
TITLE	DELETE 31	TITLE		Change
NAME.		NAME		
STREET ADDRESS  OTHER OR		STREET ADDRESS CITY-ST-ZIP		
TIFLE		TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME:	4.2	NAME		
STREET 450REGG		STREET ADDRESS		
Out 2, the		CITY - ST - ZIP		Change Addition
NAME		NAME		
STREET 400RESS	53	STREET ADDRESS		(
C010-51-25		CITY-ST-ZIP	<del></del>	Chances     Assistant
TOTAL HEAVE		TITLE NAME	1000026296	Change Addition
STREET 404 PESS	1	STREET ADDRESS	-09/01/98010120 ***158.00	140 ) 7,27
CITY ST-21F		CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	
14. Thereby 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 indicates 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 path; that I am an				
on cer or director of the corporation of 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 in an attachment with an address				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF BIGNING OFFICER OR DIRECTOR DOISE				

## Solution Crafters, Inc.

Mark Litner

5630 Southwest 76th St. #3 Miami, Fl. 33143

August 3, 1998

Division of corporations PO Box 6327 Tallahassee, Fl. 32314

## Gentlemen:

I have come to find out that for some reason the report and check I mailed to you on March 20, 1998 for the renewal for my corporation has never reached your offices.

I have done an extensive search of all the cleared check on the checking account of the corporation and have found that the check has never cleared my bank account.

Therefore, after speaking with some one on the phone in your offices, I am enclosing another copy of the corporation renewal for 1998 and a money order to cover the renewal costs. I hope that this will take care of the filing as per your instructions.

Thank you for your help.

Regards,

Mark Litner President

ML\mc

enclosure