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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

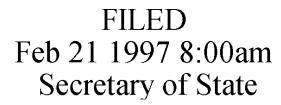
1997

DOCUMENT # P95000074370 (4)

TERRI'S CRAFTS & SHELLS, INC.

Principal Place of Business

Mailing Address





1213 S.E. 47TH CAPE CORAL F		1213 S.E. 47TH TERRACE CAPE CORAL FL 33904-9614										
							3. Date Incorporated or Qualified					
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address				mber			Applied For	,	
21		26				65-0	610178			Not Applica		
Suite, Apt.		Suile, Apt. #, etc.				5. Certificate of Status Desired					1	
City & State 23	0	City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Ζιρ 24	Country 25	Zip 29	30	ntry		8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes					2,	
	9. Name and Address of Curre	nt Registered Agent				10. Name	and Address of New Re	sistered /	Agent			
	Ker, Barbara A		- [81	Name							
1213 S.E. 47TH TERRACE Cape Coral Fl 33904				82	Street Ad	ldress (P.O. Bo						
				83								
				84	City	-		FL	85	Zip Code		
11. Pursuant office or ragent 1 a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 607.0505, I	s authorized Florida Stat	d by utes	the corpor	ration's board o	f directors. I hereby acce	pt the app	changir ointmen	ng Its registe I as registere	red ed	
40	Signature, typed or printed name of registered as		OFE: Registered	Ager	nt signature rec	quired when reinstation	0) ONS/CHANGES TO OFFIC	DATE	DIDEC	TODE IN 12		
12.	D OFFICERS AI	ND DIRECTORS DELETE	13.	n E	Т	ADDITI	UNS/CHANGES TO OFFIC		Char		lition	
NAME	VOELKER, BARBARA A			1.2 NAME					E	ф <u>П.</u>	11000	
STREET ADDRESS	5801 BAY POINT COURT 24	065 S.E. 28 TERN	AC 1207		ADDRESS -	2065	S.E. 28 TERR	ACE				
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CF			A000 .		•			ĺ	
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NAME	VOFI KER, ARTHUR J		2.2 NA		1.					• —	1	
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NAME		4.:		AME								
STREET ADDRESS			4.3 ST	reet	ADDRESS						ļ	
CITY - ST - ZIP			4.4 CI	TY-S	T-ZIP				<u> </u>			
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TITLE		DELETE 6.		TLE	1				Char	nge 🗀 Add	iition	
NAME			6.2 N/		-							
STREET ADDRESS			6351	REET	ADDRESS							
CITY-S1-ZIP			64 CI	TY-S	T-ZIP							

4. I do hereby 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 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

URE NO TYPEO OR PRINTED NAME OF SIGNING OFFICER OR ORRECTOR

2/18/97 (941)542-6363