FILE NOW: FILING FEE AFTER MAY 1ST IS \$55

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT O

Sandra B. Mortha

Secretary of State DIVISION OF CORPORA ONS

DOCUMENT # P96000032468 (6)

CUSTOM MADE CERAMICS, INC.

Principal Place of Business 522 SOUTHEAST 2ND STREET

CAPE CORAL FL 33990

Mailing Address

522 SOUTHEAST 2ND STREET CAPE CORAL FL 33990

FILED Apr 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualified 04/11/1996		
2. Principal Place of Business 2a. Mailing Ad			dress		4. FEI Number	Applied For	
21 26					65-0658183	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional	
22					5. Certificate of Status Desired	Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
23 28					Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the curren	nt year Intangible	
24	25	25 29 30		Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARX, ROSEMARY				81 Name			
522 SOUTHEAST 2ND STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
CAPE CORAL FL 33990				Street Address (P.O. Box Number is Not Acceptable)			
GAPE CORAL FL 33990					· · · · · · · · · · · · · · · · · · ·		
			Ĺ				
			84	City	FL	85 Zip Code	
44 Presugnit	to the previolence of Continue 607 066	22 and 607 4509 Florida Statut	lon the shor	n named e		hanging its registered	
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.							
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
	Signature, typed or printed name of registered ag			eni signature re	equired when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition	
TITLE	D	L] DELETE	1.1 TITLE	- 1	L	J Charige [_] Audition	
NAME			1.2 NAME				
STREET ADDRESS			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33990			ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		<u>.</u>	Change Addition	
NAME	MARX, ROSEMARY	ARX, ROSEMARY 22h					
STREET ADDRESS			2.3 STREE	T ADORESS		J	
CITY-ST-ZIP	ALDE AGDAL DE AGGA		2.4 CITY -	ST-ZIP			
TITLE		DELETE 3.1				Change Addition	
NAME	321		3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP	■ ···		3.4. CITY-				
TITLE			4.1 TITLE	31-21		Change Addition	
NAME			4. 2 NAME	· \	_		
STREET ADDRESS			1	T ADDRESS			
t				- 1			
CITY-ST-ZIP TITLE			4.4 CITY-	31-ZIP		Change Addition	
		L OLLLIC			_	Tourne Livering	
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		T Archer	5.4 CITY-	ST-ZIP		100-000	
TITLE		DELETE	6.1 TITLE		L	Change Addition	
NAME			6.2 NAME	-			
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			
14. I hereby c	ertify that the information supplied v	with this filing does not qualify f	or the exemp	otion stated	in Section 119.07(3)(i), Florida Statutes. I further certi- ature shall have the same legal effect as if made unde	ly that the information	
indicated	on mis annual report of supplement	ai armuai report is true and acc	Surate and the	recort as r	ature snall have the same legal effect as it made unde 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