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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000062785 (6)

LEATHER CRAFTSMEN CORPORATION

Principal Place of Business Mailing Address 6040 SOUTH VERDE TRAIL. #305 6040 SOUTH VERDE TRAIL, #305 **BOCA RATON FL 33433-4485 BOCA RATON FL 33433** 3. Date Incorporated or Qualified 3a. Date of Last Report 07/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 9000 S.W 65-0680635 219000 S.W. 122 PLACE 122 PLACE Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 309 309 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing MIAMI Added to Fees **Trust Fund Contribution** Country 45A 8. This corporation has liability for intangible tax under s. 199.032, 33186 Yes 🔲 No Fiorida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent WHITTAKER, LINDA S 6040 SOUTH VERDE TRAIL, #305 Street Address (P.O. Box Number is Not Acceptable **BOCA RATON FL 33433** 83 City 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 about 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 if am familiar with, and agost the obligations of Section 207,0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12 12. 13. DELETE WHATAKER LINDA S 9000 S.W. 122. PL. Change 1.1 TITLE TITLE NAME WHITTAKER, LINDA S 12 NAME 6040 SOUTH VERDE TRAIL, #305 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST - ZIF **BOCA RATON FL 33433** CHTY-SI-ZiF DELETE TILLE DODIC, SILVANO 000, 3.W. 122 PL. 77 309 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS MIAMT, FL 33 CITY-ST-7IP 2. 4 CITY-ST-ZIP DELETE 31 TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 3.4. CITY - ST- ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

14. 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 flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or on an attachment with an address.

5.1 TITLE 52 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY - SI - 7IP

STREET ADDRESS

STREET ADDRESS

City-St-ZIP

CHY-ST-ZIP

TITLE

TITLE

NAME

DELETE

DELETE

Change

Change

Addition

Addition

FILED

Apr 24 1997 8:00am

Secretary of State