

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

FILED

Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000045197 (5)**

1. Corporation Name
AMERACRAFT BUILDERS, INC.



Principal Place of Business 8401 INDIAN WELLS WAY NAPLES FL 34113	Mailing Address 8401 INDIAN WELLS WAY NAPLES FL 34113
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 950 N. Collier Blvd. Suite, Apt. #, etc. 22 Suite #419 City & State 23 Marco Island, FL Zip 24 34145 Country 25 USA		2a. Mailing Address 26 950 N. Collier Blvd. Suite, Apt. #, etc. 27 Suite #419 City & State 28 Marco Island, FL Zip 29 34145 Country 30 USA		3. Date Incorporated or Qualified 05/21/1997	4. FEI Number 59-3480669 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent BURKE, CONSTANCE M 2880 AIRPORT ROAD SOUTH NAPLES FL 34112		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph D. Boff	1.2 NAME	
STREET ADDRESS	8401 Indian Wells Way	1.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, Florida 34113	1.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anton Hollinger	2.2 NAME	
STREET ADDRESS	8083 Panther Trail Unit 1502	2.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, Florida 34113	2.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Gleason	3.2 NAME	
STREET ADDRESS	5233-1 Cedar Bend Dr.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, FL 33919	3.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rebecca McKay	4.2 NAME	
STREET ADDRESS	2660 Airport Road S.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, Florida 34112-4899	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:  **6/1/98 941-394-9107**

CR2E034 (10/97)