

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

FILED

May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000073730 (8)**

1. Corporation Name  
**OUR FAMILY PLASTER & CRAFTS, INC.**

Principal Place of Business <b>5400 N SPRINGS WAY CORAL SPRINGS FL 33076</b>	Mailing Address <b>5400 N SPRINGS WAY CORAL SPRINGS FL 33076</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>9865 W. Sample Rd</b> Suite, Apt. #, etc. 22 City & State 23 <b>Coral Springs, Florida</b> Zip 24 <b>33065</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>5400 N Springs Way</b> Suite, Apt. #, etc. 27 City & State 28 <b>Coral Springs Florida</b> Zip 29 <b>33076</b> Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>08/25/1997</b>	
4. FEI Number <b>65-0777229</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CABAN, EMILIO  
5400 N SPRINGS WAY  
CORAL SPRINGS FL 33076**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
<b>FL</b>	

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 **Emilio Caban V.P.**

DATE **4-16-98**

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	<b>CABAN, VILMA</b>
STREET ADDRESS	<b>5400 N SPRINGS WAY</b>
CITY - ST - ZIP	<b>CORAL SPRINGS FL 33076</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>CABAN, EMILIO</b>
STREET ADDRESS	<b>5400 N SPRINGS WAY</b>
CITY - ST - ZIP	<b>CORAL SPRINGS FL 33076</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **Emilio Caban V.P.**

DATE **4-16-98** 954.753-5354

CR2E034 (10/97)