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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000081746 (4)

WONDERFUL WORLD OF CRAFTS, INC.

Principal Plac	e of Business	Mailing Address		4 EDBANDON LAN INGHE INDUN ANNIN ANNIN ANNIN ANNIN ANNIN IN	IIOI (IOII IBOII OIBIO OHI IOOI
13771 SW 75		13771 SW 75TH ST			
MIAMI FL 331	83	MIAMI FL 33183		DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified	
				09/15/1997	
<del> </del>	Place of Business	2a. Mailing Address		4. FEI Number 65-0788 182	Applied For  Not Applicable
Suite, Apt.	#, etc.	<b>26</b>			\$8.75 Additional
22	_	27		5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23 ; Zip	Country	[28]   Z <sub>i</sub> p	Country	Trust Fund Contribution	Added to Fees
24	25	hi in i	30	<ol> <li>This corporation owes or has paid the c Personal Property Tax due June 30.</li> </ol>	urrent year intangible
	9. Name and Address of C			10. Name and Address of New Registere	d Agent
sc	H <b>LEID</b> EN, DIANA		81 Name		
13771 <b>S</b> W 75TH ST			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIA	AMI FL 33183		83		
			24 00		
			84 City	F	L 85 Zip Code
1	$\Lambda I$			poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered oppointment as registered
SIGNATURE	Signature, typed or printed name of register	ered agent and little it applicable (NOTE	Registered Agent signatum requi	y / / / / / / / / / / / / DATE	_/
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	OCHUEDEN DAME B	☐ DELETE	1.1 TIFLE		Change Addition
NAME STREET ADDRESS	SCHLIEDEN, DAVID B		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	21 TITLE		Change Addition
NAME	<b>\$CHLEIDEN</b> , DIANA		2 2 NAME		
STREET ADDRESS	13771 SW 75TH ST		2 3 STREET ADDRESS		
CITY+ST-ZIP TITLE	MIAMI FL 33183		2 4 DITY-ST-ZIP		1
NAME		DELETE	3.1 TILLE		Change Addition
STREET ADDRESS		☐ DELETE	31 TITLE 32 NAME		Change Addition
		☐ DELETE			Change Addition
CITY-ST-ZIP			3 2 NAME		
CITY-ST-ZIP TITLE		☐ DELETE	3 2 NAME 3 3 STREET ADDRESS 3 4. CHTY-ST-ZIP 4 1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME			3 2 NAME 3 3 STREET ADDRESS 3 4. City-St-Zip 4 1 Title 4 2 NAME		
CITY-ST-ZIP TITLE NAME STREET ADDRESS			3 2 NAME 3 3 STREET ADDRESS 3 4. CHTY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE NAME			3 2 NAME 3 3 STREET ADDRESS 3 4. City-St-Zip 4 1 Title 4 2 NAME		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETÉ	3 2 NAME 3 3 STREET ADDRESS 3 4, CHY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CHY-ST-ZIP		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETÉ	3 2 NAME 3 3 STREET ADDRESS 3 4. CHY-SI-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CHY-SI-ZIP 5 1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETÉ	3 2 NAME 3 3 STREET ADDRESS 3 4, CITY - ST - ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME		Change Addition

14. Thereby 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 suppliemental innural report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

CNATURE.

STREET ADDRESS

11-111-98 (200) 279-0054

**FILED** 

Apr 24 1998 8:00am

Secretary of State

R2E034 (10/97)