


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

**FILED**  
**Feb 09, 1999 8:00 am**  
**Secretary of State**

02-09-1999 90019 044 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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<b>DOCUMENT # P98000023934</b> Corporation Name <b>SID CRAFT, INC.</b>	
Principal Place of Business <b>590 NORTH UNIVERSITY DRIVE</b> <b>PLANTATION FL 33324</b>	Mailing Address <b>590 NORTH UNIVERSITY DRIVE</b> <b>PLANTATION FL 33324</b>



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/13/1998</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
4. FEI Number <b>65-0820823</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KRASNPOL, LEILA</b> <b>9511 NORTHWEST 32ND COURT</b> <b>SUNRISE FL 33351</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 <b>PD</b> NAME <b>SCHILSKY, SID</b> STREET ADDRESS <b>590 NORTH UNIVERSITY DRIVE</b> CITY-ST-ZIP <b>PLANTATION FL 33324</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>1.2</b> NAME <b>1.3</b> STREET ADDRESS <b>1.4</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>2.1</b> NAME <b>2.2</b> STREET ADDRESS <b>2.3</b> CITY-ST-ZIP	<input type="checkbox"/> DELETE	<b>2.4</b> TITLE <b>2.5</b> NAME <b>2.6</b> STREET ADDRESS <b>2.7</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>3.1</b> NAME <b>3.2</b> STREET ADDRESS <b>3.3</b> CITY-ST-ZIP	<input type="checkbox"/> DELETE	<b>3.4</b> TITLE <b>3.5</b> NAME <b>3.6</b> STREET ADDRESS <b>3.7</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>4.1</b> NAME <b>4.2</b> STREET ADDRESS <b>4.3</b> CITY-ST-ZIP	<input type="checkbox"/> DELETE	<b>4.4</b> TITLE <b>4.5</b> NAME <b>4.6</b> STREET ADDRESS <b>4.7</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>5.1</b> NAME <b>5.2</b> STREET ADDRESS <b>5.3</b> CITY-ST-ZIP	<input type="checkbox"/> DELETE	<b>5.4</b> TITLE <b>5.5</b> NAME <b>5.6</b> STREET ADDRESS <b>5.7</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>6.1</b> NAME <b>6.2</b> STREET ADDRESS <b>6.3</b> CITY-ST-ZIP	<input type="checkbox"/> DELETE	<b>6.4</b> TITLE <b>6.5</b> NAME <b>6.6</b> STREET ADDRESS <b>6.7</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: SID SCHILSKY PRESIDENT 1-18-99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)