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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham,

Secretary of State

	1997	DIVISION OF	Secretary of State							
DOCUI 1. Corporation	MENT # 540872	(1)	_							
MADI	E BY HAND, INC.				ŀ					
Principal Place	e of Business	Mailing Address	···							
	rdville FL 32327	C/O Gary Kempt	ton		;					
		615 Kenwood Co	ourt			3 Date Incorporated or Qualified	3a. Date of	Last Re	enort	1
		Satellite Beac	ch, Fl	.,3	29374310	3. Date Incorporated or Qualified 03/26/1991	6/13			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number 59-3126779	<u> </u>	Ар	plied For	
21 Suite Act	# ata	26 Suite Apt # clo				39-3120779			Applicable	
Suite, Apt.	₩, 8(C.	Suile, Apt. #, etc.			ı	5. Certificate of Status Desired	<b>X</b>	<b>5./5</b> A Fee Re	dditional quired	
City & State	)	City & State				6. Election Campaign Financing		5:00	·	
23	<del></del>	28				Trust Fund Contribution		Added t		
Zip Country		Zip	Cour	Country		8. This corporation has liability for intangible tax under s. 199.032,				
24	9. Name and Address of Currer	29			Florida Statutes L  10. Name and Address of New Re	Yes X No				
• • • • • • • • • • • • • • • • • • • •	S. Halle Bild Address Di Colle	it negletered Agent		81	Name	To. Name and Address of New No.	Aistoien vidoi			l
K	EMPTON, GARY		-	82	Stroot Address	ss (P.O. Box Number is Not Acceptab	do)			
1:	55 Porsche Lane					ess (r.o. box number is not noceptable)				
C.	rawfordville, FL 32	:327		83						
- 14			H	84	City		85	Zip C	ode	
15 Durayant t	o the provisions of Spetions 607 060	12 and 607 1509. Florida Statu	lon the eb		named nathou	ration authorite this statement for the p	FL °°	l cina ita	rogistared	
office or re	egistered agent, or both, in the State manifer with, and accept the obligations are stated in the state of the colligions.	of Florida Such change was	authorized	by 1	the corporation	ration submits this statement for the p n's board of directors. I hereby accep	t the appointm	iging its ient as r	egistered	
•	in lammar with, and accept the congr	*	onua state	JIES.					1	ľ
SIGNATURE .	Signature, typed or printed name of registered ago	ant and title if applicable. (NO	TE Registered	Agoni	l signature required		DATE			١.
12.	OFFICERS AN		13.		<del></del>	ADDITIONS/CHANGES TO OFFIC				٤
TITLE NAME						☐ Change ☐ Addition				5
STREET ADDRESS	155 Porsche Lane		12 NAME 13 STREET							Š
CITY - ST - ZIP	Crawfordville FL	32327	1.4 CIT							Š
TITLE	SD	DELETE	2.1 717					hange	Addition	ζ
NAME	KEMPTON, PEARL L.		2.2 NAI	ME	}					ı
STREET ADDRESS	615 KENWOOD COURT				DDRESS					ı
TITLE	SATELLITE BEACH,	FL 32937-4310   DELETE	2 4 CI		- ZIP			hange	Addition	į
NAME		C) DELETE	3.2 NAM					папус	LJ AGGIOUI	
STREET ADDRESS		•	ı		DDRESS				l	
CITY-ST-ZIP			3.4 CII			•			ĺ	
TITLE		DELETE	4.1 1111	LE		UN	<b>√</b> □ ○	hange	Addition	
NAME			4. 2 NA	ME		W.	12/1			
STREET ADDRESS			- E		DDRESS	7,	Ά,			
CITY-ST-ZIP TITLE		DELETE	4.4 CIT		ZIP	<u></u>	<b>)</b>	hange	☐ Addition	
NAME		☐ britit	5.2 NAM			gnanaaa		•	AUGITION	
STREET ADDRESS					DDRESS	<b>60000220</b> -06/11/97010	123N17	البيا		
CITY-ST-ZIP			5.4 CIT		1	***8,75				
TITLE		DELETE	6.1 1))(					hange	☐ Addition	
NAME			62 NA	ME		$\Omega_{\Lambda}$ ,		<i>a</i> -		
STREET ADDRESS			63 S1A	REET A	DDRESS	KY	5.71-	<i>u</i> 1		

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 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.

SIGNATURE: PEARL 1. KEMPTON, CORPORATE SECRETARY

BIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Jun 04 1997 8:00am