

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90166 005 ***150.00

DOCUMENT # S40872

1. Corporation Name
MADE BY HAND, INC.



Principal Place of Business
155 PORSCHE LANE
CRAWFORDVILLE FL 32327
US

Mailing Address
C/O GARY KEMPTON
615 KENWOOD CT.
SATELLITE BEACH FL 32937-4310
US

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 P.O. Box 340 | | 03/26/1991 | |
| 22 City & State | | 27 Suite, Apt. #, etc. | | 4. FEI Number | |
| 23 Zip | | 28 Crawfordville, FL | | 59-3126779 | |
| 24 Country | | 29 32326 | | 5. Certificate of Status Desired | |
| | | 30 Wakulla | | 6. Election Campaign Financing | |
| | | | | 7. Trust Fund Contribution | |
| | | | | 8. This corporation owes the current year Intangible | |
| | | | | Personal Property Tax. | |
| | | | | 9. Name and Address of Current Registered Agent | |
| | | | | 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 | |

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|--|
| TITLE | DPT | 1.1 TITLE | |
| NAME | KEMPTON, GARY | 1.2 NAME | |
| STREET ADDRESS | 155 PORSCHE LANE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | 1.4 CITY-ST-ZIP | |
| TITLE | SD | 2.1 TITLE | |
| NAME | KEMPTON, PEARL L | 2.2 NAME | |
| STREET ADDRESS | 615 KENWOOD COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SATELLITE BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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 119.073(4), 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 a different like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23/99

Date

1 850 926-1779

Daytime Phone #

CR2E034 (11/98)

0114232