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Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V22378 (6)

1. Corporation Name
AMERICAN CRAFT ENDEAVORS, INC.



Principal Place of Business
1801 N PINE ISLAND ROAD 9633 W. Broward Blvd
SUITE 101
PLANTATION FL 33322 33324

Mailing Address
9633 W. Broward Blvd #1
1801 N PINE ISLAND ROAD
SUITE 101
PLANTATION FL 33322-5205 33324

3. Date Incorporated or Qualified
03/19/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 9633 W. Broward Blvd
Suite, Apt. #, etc.
22 #1

2a. Mailing Address
26 9633 W. Broward Blvd
Suite, Apt. #, etc.
27 #1

23 Plantation, FL
City & State

28 Plantation, FL
City & State

24 33324
Zip

25 U.S.
Country

29 33324
Zip

30 U.S.
Country

4. FEI Number
65-0334985

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
COHEN, HOWARD
1801 N. PINE ISLAND ROAD 9633 W. Broward Blvd #1
SUITE 101
PLANTATION FL 33322 PLANTATION, FL 33324

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COHEN, DARRIN
STREET ADDRESS 1801 N. PINE ISLAND ROAD 9633 W. Broward Blvd #1
CITY-ST-ZIP PLANTATION FL 33324

TITLE V
NAME COHEN, DARCI
STREET ADDRESS 1801 N. PINE ISLAND RD 9633 W. Broward Blvd #1
CITY-ST-ZIP PLANTATION FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 9633 W. Broward Blvd #1

1.4 CITY-ST-ZIP Plantation, FL 33324

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 9633 W. Broward Blvd #1

2.4 CITY-ST-ZIP Plantation, FL 33324

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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: _____ DATE: 2-19-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)