

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V29351** (6)

1. Corporation Name

CRAFTERS MART, INC.



Principal Place of Business

**1869-A N. PINE ISLAND RD
#204
PLANTATION FL 33322
US**

Mailing Address

**1869-A N. PINE ISLAND RD
PLANTATION FL 33322
US**

3. Date Incorporated or Qualified
04/17/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **3474 N. UNIVERSITY DR.**

2a. Mailing Address

26 **3474 N. UNIVERSITY DR.**

4. FEI Number

65-0329636

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **# 204**

Suite, Apt. #, etc.

27 **# 204**

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

City & State

23 **SUNRISE, FL.**

City & State

28 **SUNRISE, FL.**

Zip

24 **33351**

Country

25 **BROWARD**

Zip

29 **33351**

Country

30 **BROWARD**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARKER, CHARLIE
3474 N UNIVERSITY DR
#204
SUNRISE FL 33351**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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

Charlie Parker

4/29/96

Signature typed or printed below of registered agent and the corporation

Date of the signed agent signature required when re-registering

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D PARKER, CHARLIE**
STREET ADDRESS **3474 N UNIVERSITY DR 204**
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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:

Charlie Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

Daytime Phone

CR2E034 (12/95)