


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

FILED

Apr 24 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V66813 (9)</b> 1. Corporation Name <b>TRADITIONS WORKSHOP, INC.</b>					
Principal Place of Business <b>820 E ATLANTIC AVENUE DELRAY BEACH FL 33483 US</b>			Mailing Address <b>820 E ATLANTIC AVENUE DELRAY BEACH FL 33483 US</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>17Y3 AVENIDA DEL SOL</b> Suite, Apt. #, etc. 22 <b>BOCA RATON, FL</b> City & State 23 <b>3343Y PALM BLH</b> Zip Country 24 Country		2a. Mailing Address 26 <b>17Y3 AVENIDA DEL SOL</b> Suite, Apt. #, etc. 27 <b>BOCA RATON, FL</b> City & State 28 <b>3343Y PALM BLH</b> Zip Country 29 Country		3. Date Incorporated or Qualified <b>09/28/1992</b> 4. FEI Number <b>65-0361067</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>KASMAN, HAYDEE 86 MCFARLAND DR APT 7J DELRAY BEACH FL 33483</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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 in an attachment with an address.					

SIGNATURE: \_\_\_\_\_

CP2E034 (10/97)