

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

**APPROVED
AND
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55 MAY -1 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sarah H. Abraham
Secretary of State
CORPORATION RECORDS DIVISION

DOCUMENT # 411806 (3)

1. Corporation Name
NAN'S CREATIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
% DENNIS AND NANCY OSTEMA 1617 DESOTO RD SARASOTA FL 34234-3064		% DENNIS AND NANCY OSTEMA 3152 53RD STREET SARASOTA FL 34234-3064 US	
21	3152 53rd Street	26	
22	Sarasota, FL	27	
24	34234	25	U.S.
23		28	

3. Date of Incorporation or Qualification	3a. Date of Last Report
10/31/1972	05/01/1994
4. FEI Number	Applied For / Not Applicable
59-1425115	
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 authority for litigation tax under Section 1361, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HESSE, ROBERT L 2070 RINGLING BLVD. SARASOTA FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

11. Pursuant to the provisions of Sections 607.0540 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or agent-in-trust 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 provisions of Sections 607.0540, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD OSTEMA, DENNIS	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTEMA, DENNIS	2. NAME	
STREET ADDRESS	3152 53RD ST.	3. STREET ADDRESS	
CITY, ST, ZIP	SARASOTA, FL 00000	4. CITY, ST, ZIP	
TITLE	PD OSTEMA, NANCY	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTEMA, NANCY	22. NAME	
STREET ADDRESS	3152 53RD ST	23. STREET ADDRESS	
CITY, ST, ZIP	SARASOTA, FL 00000	24. CITY, ST, ZIP	
TITLE	D OSTEMA, JULIA	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTEMA, JULIA	32. NAME	
STREET ADDRESS	3152 53RD ST	33. STREET ADDRESS	Please Delete: Ostema, Julia 3152 53rd St. Sarasota, FL
CITY, ST, ZIP	SARASOTA FL	34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am not equally for the responsibility stated in Section 111.02(1)(b), 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 file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. I am not affiliated with an address.

SIGNATURE: *Nancy Ostema* Nancy Ostema 03/ /95 (813)355-0333
 SIGNATURE AND APPLIED OFFICIAL SEAL OF SIGNING OFFICER OR CLERK