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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90145 002 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # 411806

1. Corporation Name
 NAN'S CREATIONS, INC.

Principal Place of Business

2595 FEIFFER CIRCLE
 SARASOTA FL 34235
 US

Mailing Address

P O BOX 275
 SCALY MTN NC 28775
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1972

4. FEI Number

59-1425115

Applied For
 Not Applicable

2. Principal Place of Business

21 955 LAKESIDE DR

2a. Mailing Address

26 Same as above

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

Scaly MT. N.C.

27 City & State

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

28775

25 Country

NC

29 Zip

28775

30 Country

US

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

HESSE, ROBERT L
 2070 RINGLING BLVD.
 SARASOTA FL

10. Name and Address of New Registered Agent

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 607.0502 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

TITLE DELETE
 NAME ST
 STREET ADDRESS OSTEMA, DENNIS
 2595 FEIFFER CIRCLE
 CITY-ST-ZIP SARASOTA FL 34235

TITLE DELETE
 NAME P
 STREET ADDRESS OSTEMA, NANCY
 2595 FEIFFER CIRCLE
 CITY-ST-ZIP SARASOTA FL 34235

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 955 LAKESIDE DR
 1.4 CITY-ST-ZIP SCALY MT. N.C 28775

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS 955 LAKESIDE DR
 2.4 CITY-ST-ZIP SCALY MT. N.C 28775

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 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 with all other like empowered.

SIGNATURE:

Dennis Ostema
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 828-526-8459
 Day Date Daytime Phone #

CR2E034 (11/98)