

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # J38199 (2)  
Corporation Name  
CAROL'S CREATIONS OF PINECREST, INC.

EUGENE + CAROL  
MEDEFORD  
7105 GULF BLVD. #214  
NO. REDINGTON BCH. FLA.  
33708

EUGENE + CAROL Medford  
17105 Gulf Blvd. #214  
No. Redington Bch.  
FLA. 33708

|                                |                     |
|--------------------------------|---------------------|
| 1. Principal Place of Business | 26. Mailing Address |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Zip                 |
| Country                        | Country             |

|                                                 |         |             |
|-------------------------------------------------|---------|-------------|
| 9. Name and Address of Current Registered Agent | 29. Zip | 30. Country |
|-------------------------------------------------|---------|-------------|

|                                                        |
|--------------------------------------------------------|
| 81. Name                                               |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83.                                                    |
| 84. City                                               |
| 85. Zip Code                                           |

| OFFICERS AND DIRECTORS |                  |
|------------------------|------------------|
| TITLE                  | PD               |
| NAME                   | MEDEFORD, CAROL  |
| STREET ADDRESS         |                  |
| CITY - ST - ZIP        |                  |
| TITLE                  | VIS              |
| NAME                   | MEDEFORD, EUGENE |
| 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        |                  |

|                                                                                                                                                             |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| DO NOT WRITE IN THIS SPACE.                                                                                                                                 |                                       |
| 3. Date Incorporated or Qualified<br>10/16/1986                                                                                                             | 3a. Date of Last Report<br>04/28/1994 |
| 4. FEI Number<br>59-2732401                                                                                                                                 | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | \$5.00 May Be Added to Fees           |
| 7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |
| 10. Name and Address of New Registered Agent                                                                                                                |                                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. 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               |
| <i>Carol K Medford</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |
| 2. 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)(k), 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: <i>Carol K Medford</i> President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5-1-95 813-5859993 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |

APPROVED  
AND  
FILED

95 JUL 25 PM 4: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA