

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$500 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$700).

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000093892

1. Corporation Name
 STRATEGIC CREATIONS, INC.

Principal Place of Business
 6630 121ST AVENUE, NORTH #4
 LARGO FL 33773

Mailing Address
 6630 121ST AVENUE, NORTH #4
 LARGO FL 33773

FILED

99 NOV 17 AM 10:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 99
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 4175 East Bay Dr	26 SAME	50-3481361	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	8. Certificate of Status Desired	\$8.75 Additional Fee Required
22 Suite 242	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Largo	28	<input type="checkbox"/>	
Zip	Country	29. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 33764	25 USA	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
GUIDRY, ADRIENE W 6630 121ST AVENUE, NORTH #4 LARGO FL 33773	<table border="1"> <tr> <td>81 Name</td> <td>Adriene Guidry</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td>4175 East Bay Drive</td> </tr> <tr> <td>83</td> <td>Suite 242</td> </tr> <tr> <td>84 City</td> <td>Largo FL</td> </tr> <tr> <td>85 Zip Code</td> <td>33764</td> </tr> </table>	81 Name	Adriene Guidry	82 Street Address (P.O. Box Number is Not Acceptable)	4175 East Bay Drive	83	Suite 242	84 City	Largo FL	85 Zip Code	33764
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82 Street Address (P.O. Box Number is Not Acceptable)	4175 East Bay Drive										
83	Suite 242										
84 City	Largo FL										
85 Zip Code	33764										

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: *Adriene Guidry* DATE: 10/17/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIDRY, ADRIENE W	1.2 NAME	
STREET ADDRESS	6630 121ST AVENUE, NORTH #4	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33773	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, KARLA	2.2 NAME	
STREET ADDRESS	6630 121ST AVENUE, NORTH #4	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33773	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Adriene Guidry* REQUIRED
 DATE: 10/17/99 DAYTIME PHONE: 728-261-2061

CRZE034 (5/99)