

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

APPROVED
AND
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95 MAY -1 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **G81223**

(1)

1. Corporation Name

NATURAL CREATIONS, INC.

Principal Place of Business

% WENDY WEAVER
9763 NW 41ST ST. STE 101
MIAMI FL 33178
US

Mailing Address

9763 NW 41TH ST
#101
MIAMI FL 33178
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1984

3a. Date of Last Report

08/17/1994

4. FEI Number

59-2370106

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 199.032
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

WEAVER, WENDY
9763 A NW 41ST ST
#101
MIAMI FL 33178

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 (agent or person named in report not required and fee if applicable)

(NOTE: Registered Agent supplying requested press materials)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEAVER, WENDY
STREET ADDRESS	9763 NW 41ST ST, STE 101
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	WEAVER, WILLIAM
STREET ADDRESS	16641 SW 84TH CT
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	Same
13 STREET ADDRESS	
14 CITY - ST - ZIP	Same
21 TITLE	
22 NAME	Same
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. 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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

FILED