FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 16 1998 8:00am Secretary of State

•	1998	DIVISION OF	CORPOR	RATIC	NS			•		
DOCUN 1. Corporation	MENT # J92399 CREATIONS, INC.	9 (1)						1); 6 131) (1131)		
Principal Place of Business Mailing Address							L 18071F0 WILD 10110 11800 11110 10110 1011	DI ANDII BIBII BIBII I	01011 01011 10E1	
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C/O PAMELA : 481 MARY EST		C/O PAMELA J. COCH 481 MARY ESTHER BLY	48! MARY ESTHER BLVD.			1				
MARY ESTHER		MARY ESTHER FL 3256					DO NOT WRITE IN	THIS SPACE		
						ĺ	3. Date incorporated or Qualified 09/16/1987			7
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number Appli			ヿ
21		26					<u>59-2847240</u>		Not Applicable	8
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.	<u></u>				5. Certificate of Status Desired		5 Additional	
22		27	<u> </u>				The Committee of Addition Country	Fee	Required	4
City & State		— ·	City & State				6. Election Campaign Financing		00 May Be	
23			[28]						ed to Fees	4
Zip Country		Ζιρ	├ ──┐	Country			8. This corporation owes or has paid to			1
24	9. Name and Address of Curre	nt Registered Agent	30	т.			Personal Property Tax due June 30 10. Name and Address of New Regis		No	┦
COC	CHRAN, PAMELA J.	Trogramme Programme		Bil	Name		To, Hallo and Hadred Or How Hoge			┪
	SLEEPY OAKS ROAD, NW			1_1						_
	VALTON BCH. FL 32548			82 Street Add			s (P.O. Box Number is Not Acceptable)			1
• • •				83						┨
				L.						_
				84	City			FL 85 Z	ip Code	İ
11. Pursuant to office or re	o the provisions of Sections 607.05 gistered agent, or both, in the State	02 and 607.1508, Florida State e of Florida. Such change was nations of Section 607.0505.	utes, the a s authorize	bove d by	named o	corpor	ation submits this statement for the purp 's board of directors. I hereby accept the		g its registered as registered	1
	Training with and accept the oblig	galions of, asction oor.equa, i	ionda ola	iiiiii	•					1
SIGNATURE	signature typed or printed name of registered ag	gent and title it applicable (NC	OTE: Registere	d Ager	it signature r	required	when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFICER			<u>ا</u> ز
TITLE	DP COCUPAN FORD	L DELETE	1.1 Ti	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS				☐ Chang	e 🔲 Addition	٠ <u>١</u>
NAME	COCHRAN, FRED J.	11.64	1.2 N							13
STREET ADDRESS	247 SLEEPY OAKS ROAD, N	IAA	1.3 S							Į
CITY-ST-ZIP	FT. WALTON BCH. FL		1.4.0							_ }
TITLE	DVT	DELETE		1 TITLE				Chang	e Addition	۱۱۰
NAME	COCHRAN, PAMELA J.	NA/			2.2 NAME					1
STREET ADDRESS	247 SLEEPY OAKS ROAD, N FT. WALTON BCH. FL	14.4			ADDRESS					1
CITY-ST-ZIP	TI- WALIUN DUR. FL	Deceme		CITY-SI	r- ZIP			11 66		4
TALE	☐ DELETE			3.1 TITLE 3.2 NAME				☐ Chang	e L. Addition	
NAME OTREST ADDRESS					DDDF44					
STREET ADDRESS					DDRESS					ł
CITY-ST-ZIP TITLE		DELETE	3.4. C 4.1 TI	ITY-SI	-ZIP			☐ Chang	e Addition	4
		5	4.1 N		1			Onling	e E Radillosi	
NAME PIRET ADDRESS					COULCE					
STREET ADDRESS					DORESS					
CITY-ST-ZIP TITLE				I.4 CITY-ST-ZIP				Chang	e Addition	H
NAME	المالية			5.2 NAME				o.a.y		
STREET ADDRESS					LDDRESS					
CITY-ST-ZIP			•	ITY-ST	ſ					
TITLE		DELETE	5.4 U		- LIF			Chang	e	1
NAME		and whitely	6.2 N/	_				VIIII'Y		
STREET ADDRESS					DDRESS					
CITY-ST-ZIP				ITY-ST						
	rtify that the information supplied w	vith this filing does not qualify				d in Se	ction 119.07(3)(i), Florida Statutes. I furt	her certify that t	he information	7

4. I hereby certify that the information supplied with this filling 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 eath; 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.

IGNATURE CAMPOR A COMPANIE PAMELA J. COCHRAN 3/11/98 (850)243-3533