

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L86891

(3)

1. Corporation Name
PT CREATIONS INC.

Principal Place of Business

P O BOX 5699
HUDSON FL 34674

Mailing Address

P O BOX 5699
HUDSON FL 34674-5699

2. Principal Place of Business

21 P O BOX 173

Suite, Apt. #, etc

22

City & State

NEW PORT RICHEY, FL

Zip

24 34656

County

25 PASCO

2a. Mailing Address

26 P. O. BOX 173

Suite, Apt. #, etc.

27

City & State

28 NEW PORT RICHEY, FL

Zip

29 34656

County

30 PASCO

3. Date Incorporated or Qualified
07/19/1990

3a. Date of Last Report
02/16/1996

4. FEI Number

59-3020471

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

SCIME', ANTHONY
4404 GENESEE LANE
POST OFFICE BOX 173
NEW PORT RICHEY FL 34656

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCIME', ANTHONY		1.2 NAME	
STREET ADDRESS	4404 GENESEE LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	
TITLE	PT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCIME, ANTHONY		2.2 NAME	
STREET ADDRESS	4404 GENESEE LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCIME, PATRICIA ANNE		3.2 NAME	
STREET ADDRESS	4404 GENESEE LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 do 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:

Anthony Scime' ANTHONY SCIME'

1-18-97 1-813-372-0037

Date

Daytime Phone #

0460651

CR2E034 (9/96)