

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90092 015 ***150.00

0501656

DOCUMENT # **L86891**

1. Corporation Name
P T CREATIONS INC.

Principal Place of Business
**P O BOX 173
NEW PORT RICHEY FL 34656
US**

Mailing Address
**P O BOX 173
NEW PORT RICHEY FL 34656
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/19/1990

4. FEI Number
59-3020471

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

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 title 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** ☐ DELETE

NAME
SCIME', ANTHONY
STREET ADDRESS
4404 GENESEE LANE
CITY-ST-ZIP
NEW PORT RICHEY FL

1.1 TITLE ☐ Change ☐ Addition

TITLE **PT** ☐ DELETE

NAME
SCIME, ANTHONY
STREET ADDRESS
4404 GENESEE LANE
CITY-ST-ZIP
NEW PORT RICHEY FL

1.2 NAME ☐ Change ☐ Addition

TITLE **S** ☐ DELETE

NAME
SCIME, PATRICIA ANNE
STREET ADDRESS
4404 GENESEE LANE
CITY-ST-ZIP
NEW PORT RICHEY FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99

727 372 0037

Date

Daytime Phone #

CR2E034 (11/98)