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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L86891

P T CREATIONS INC.

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Principal Place of Business Mailing Address															
P O BOX 173		P O BOX	O BOX 173												
NEW PORT RICHEY FL 34656				NEW PORT RICHEY FL 34656						}					
US				US						DO NOT WRITE IN THIS SPACE					
										3.	Date Incorporated or Qualifed 07/19/1990	I			
2. Principal Pl	loop of Busine		2a. Mailing Address						4. FEI Number				Appl	ied For	
	ace of busine	├	⊢							59-3020471		-		Applicable	
21			26 Suite And # ata						-	39 302047 1		60		ditional	
Suite, Apt.	#, etc.	ļ_	Suite, Apt. #, etc.						5.	Certificate of Status Desired	🔲			uired	
22		2	27						-						
City & State	e		City & State						6.	Election Campaign Financing		-		lay Be	
23											Trust Fund Contribution		Adı	ded to	Fees
Zip Country				Zip Country						8. This corporation owes the current year Intangible					
24	25			29 30			1			1	Personal Property Tax.		☐ Yes		iNo
_		and Address o			Agent	1 7,51	1			10.	Name and Address of New	Registered A	gent		
							81	I	Vame		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
SCIN	ME', ANTHO	NY						L.							
4404 GENESEE LANE						82	5	Street Addres	ss (P	P.O. Box Number is Not Accep	table)				
POST OFFICE BOX 173															
							83	1							
NEW	PURI RICI	HEY FL 34656	5				84	١,					85	Žip Co	nde
							04	'	uny			FL	85	Lip O	,,,,,
44 Dumunnt	to the provici	one of Sections	607.0502 an	d 607 150	8 Florida Stati	ites the a	above	R-D	amed comor	ration	n submits this statement for th	e purpose of o	hangin	g its re	egistered
office or re	egistered age	ent, or both, in the h, and accept the	ne State of Fi	lorida. Suc	:h change was	authorize	a by	tne	e corporation	's bo	oard of directors. I hereby acco	ept the appoin	tment a	š regi	stered
SIGNATURE											•				Į
SIGNATURE	Signature, typed	or printed name of reg	istered agent and	title if applicat	ole. (NO	TE: Registere	d Agen	nt siç	gnature required v	when re	reinstating)	DATE			
12.		OFFIC	ERS AND D	RECTOR	<u> </u>	13.				1	ADDITIONS/CHANGES TO O	FFICERS AN	D DIRE	CTOR	S IN 12
TITLE	D				DELETE	1.1 T	TILE						☐ Cha	nge	☐ Addition
NAME	SCIME! A		1.2 N	IAME											
i	SCIME', ANTHONY DORESS 4404 GENESEE LANE				The state of the s			1.3 STREET ADDRESS							
STREET ADDRESS	NEW DOOT DICHEVE				The state of the s			\ \				-			. }
CITY-ST-ZIP		HIUNET FL					1.4 CITY-ST-ZIP						Cha		Addition
TITLE	PT				☐ DELETE	2.1 7	ITLE						Cha	nge	☐ MODITION
NAME	SCIME, AI	NTHONY		2.2 N			2.2 NAME								
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TITLE	S		=-		DELETE	3,11		-		i	1		Cha	inge	☐ Addition
	1 -	ATRICIA ANNE	=				IAME			•	1				
NAME			_					•							
STREET ADDRESS	STREET ADDRESS 4404 GENESEE LANE				•			TAD	DORESS						
CITY-ST-ZIP	NEW POR	T RICHEY FL				-	CITY-S	ST-Z	ZIP				———		T Avenue
TITLE	ļ				DELETE	4.1 T	TLE						☐ Cha	ınge	☐ Addition
NAME						4.21	NAME		l						
STREET ADDRESS						4.3 5	TREET	TAD	OORESS						
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CITY-ST-ZIP							CITY-\$	ST-ZI	'IP		!				
TITLE					☐ DELETE	6.17	πLE						☐ Cha	nge	☐ Addition
NAME						6.21	IAME								
STREET ADDRESS						6.3 9	TREET	TAD	OORESS						

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: