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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M12066

CAN CREATIONS, INC.

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90015 039 ***150.00



Principal Place	of Business	Mailing Address				'		
4725 SW 51 ST		P.O. BOX 8576						
DAVIE FL 33084 US		PEMBROKE PINES FL 33	PEMBROKE PINES FL 33084		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					02/28/1985			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	oplied For	,
21		26			59-2632981	N	ot Applicable	2
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	11 ,	Additional	:
22		27			0. 001110010000000000000000000000000000	Fee.R	equired	. =
City & State	8	City & State	City & State		6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the cu	rrent year Intangible	□No	
24	25	29	30		Personal Property Tax. 10. Name and Address of New			
	9. Name and Address of Cur	rent Registered Agent		81 Name	10. Halito and Addiose of New			
RAPI	POPORT, JUDY							
	DOCKSIDE DRIVE			82 Street Add	Iress (P.O. Box Number is Not Accep	table)	ا من المناور والمناور	
	PER CITY FL 33026			83			1-31 57 18 B	
					- 人名拉克 (基準) 發展	Tings Tings	Code	
				84 City		FL 85 Zip	Code	
11 Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Sta	tutes, the al	bove-named cor	poration submits this statement for th	e purpose of changing it	s registered	
	egistered agent, or both, in the Sta m familiar with, and accept the obl				ion's board of directors. I hereby acc	ept the appointment as i	egistered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if anglicable (NI	OTE: Registered	Agent signature requir	ed when reinstating) () () () () () () () () () (DATE		۾ ا
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO O			٤
TITLE	PD	☐ DELETE	1.1 TT	TLE	- 1 26,7000	☐ Change	Addition	Ž
NAME	RAPPOPORT, JUDY		1.2 NA	AME	<u>-</u>			2
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CITY-ST-ZIP	COOPER CITY FL			TY-ST-ZIP				į
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			2.1 TF 2.2 NA 2.3 ST 2.4 C	TLE AME				-
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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.

SIGNATURE: