FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000014231 (3)

HEIRLOOM CREATIONS, INC. Principal Place of Business Mailing Address									
US		US			3. Date Incorporated or Qualified 02/25/1993	05/01/1995			
	/D	2a. Mailing Address				4. FEI Number			Applied For
Principal Place o	i Business	26				03 03907 11			Not Applicable
Suite, Apt. #, etc	D.	Suite Apt. #, etc.			5. Certificate of Status Desired		— • • • •	Additional Required	
City & State		City & State				Etection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
		7/10	Cour	itrv		8. This corporation has liability fo	r intangible f	tax under s	199.032,
Zip]	- Country 1 * 4"		ou in y		Florida Statutes 🔲 Ye	s 🗌 No			
25 29 29 31 9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
	ithern BLVD .m Beach FL 33411			83 84	City			. 85 Z	ip Code
or registered a familiar with, a	agent, or both, in the state of hid and accept the obligations of, Se	ctier 607.0505 Florida St	tatutes	ve n	amed corpo oration's boa	oration submits this statement for the p and of directors. I hereby accept the ap		banging its	
SIGNATURE		application	(hittle fleg stead	Agr.	stratine orden	ADDITIONS/CHANGES TO C	DW:E		
12.	OFFICERS A	OFFICERS AND DIRECTORS DELETE				ACTIVITION OF PANAGEO TO C		Change	Add tio
TI CC	—			ITE E					
NAME	SHOEMAKER, MARY E		12 N		45000 100				
STREET ADDRESS	ADDRESS 13394 N UMBERLAND CIR			1.3 STREET ADDRESS					
CITY - ST - ZIP	WEST PALM BEACH FL 33414			1 4 CHY - ST - ZIP 2 1 fiftle				Chang	Addili
TITLE	D COTT C	John The Land				Do bate	,	~~	
NAME	SHOEMAKER, SCOTT E		22N		1 ADDRESS	VEN			
STREET ADDRESS	13394 N UMBERLAND CIR	1444			ST - ZIP				
CITY-ST-ZIP	WEST PALM BEACH FL 33	3414		THLE	*****			Chang	e 🔲 Additi
THLE	D FUESAL A			MAME					
NAME	KERNS, EILEEN A				T AODRESS				
CTOCKE ADDRESSS	1001 ISI AND MANOR DR		1 33	JINE	A PRODUCTS				

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 certify 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 oddress.

4 1 111LE

4.2 NAME

5 1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6 1 Tille

6.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CHTY - ST - ZI^O

5 4 CITY - ST - ZIF

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

CITY - ST-ZIP

TITLE

NAME

TITLE

GREEN ACRES CITY FL 33413

GREEN ACRES CITY FL 33413

KERNS, KENNETH

1001 ISLAND MANOR DR

SIGNATURE AND TUDED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

DELETE

4-25-96 407 791-0120

Change

☐ Change

Change

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Addition

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