## 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 # P93000014231 (3)

HEIRLOOM CREATIONS, INC.

## Principal Place of Business Mailing Address 10209 SOUHTERN BLVD 10209 SOUHTERN BLVD ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411-4307 3. Date Incorporated or Qualified 3a. Date of Last Report 02/25/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 65-0390711 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country $Z_{10}$ 8. This corporation has liability for intangible tax under s. 199.032 24 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SHOEMAKER, MARY E 81 Name 10209 SOUTHERN BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **ROYAL PALM BEACH FL 33411** 83 84 Zip Code City 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. **SIGNATURE** 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)TITLE DELETE 1:100 F Change Addition SHOEMAKER, MARY E NAME 1.2 NAME 13394 N UMBERLAND CIR STREET ADDRESS 1.9 STREET ADDRESS WEST PALM BEACH FL 33414 CITY-ST-ZIP 1.4 CiTY+S1+ZiP DELETE TITLE 21 1014 ☐ Change Addition KERNS, EILEEN A NAME 1001 ISLAND MANOR DR STREET ADDRESS 2.3 STREET ADDRESS **GREEN ACRES CITY FL 33413** CITY-ST-ZIP 2 4 CITY - \$1 - ZIP TITLE DELETE 3.1 THEE Change Addition KERNS. KENNETH NAME 3.2 NAME 1001 ISLAND MANOR DR STREET ADDRESS 3.3 STREET ADDRESS **GREEN ACRES CITY FL 33413** CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELFTE TITLE 4.1 THLE Change Addition NAME 4 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 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 eath; 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 a address.

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5.2 NAME

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TITLE

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CITY-ST-ZIP

CITY-ST-ZIP

5-2597 (51)7940/20

Addition

Addition

Change

Change

FILED

Jun 03 1997 8:00am

Secretary of State