

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 04, 1999 8:00 am
Secretary of State

03-04-1999 90212 030 ***150.00

DOCUMENT # **P93000014231**

1. Corporation Name

HEIRLOOM CREATIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**10209 SOUTHERN BLVD
ROYAL PALM BEACH FL 33411
US**

Mailing Address
**10209 SOUTHERN BLVD
ROYAL PALM BEACH FL 33411
US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

3. Date Incorporated or Qualified
02/25/1993

4. FEI Number
65-0390711 Applied For
Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

**SHOEMAKER, MARY E
10209 SOUTHERN BLVD
ROYAL PALM BEACH FL 33411**

10. Name and Address of New Registered Agent

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 *Mary Shoemaker*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/15/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	SHOEMAKER, MARY E	13394 N UMBERLAND CIR	WEST PALM BEACH FL 33414	<input type="checkbox"/>
D	KERNS, EILEEN A	1001 ISLAND MANOR DR	GREEN ACRES CITY FL 33413	<input type="checkbox"/>
D	KERNS, KENNETH	1001 ISLAND MANOR DR	GREEN ACRES CITY FL 33413	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Eileen Kerns* **MARY SHOEMAKER**
EILEEN KERNS

2/15/99
Date

561-791-7071
Daytime Phone #

CR2E034 (11/98)