

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

DOCUMENT # P93000024408

1. Corporation Name

STAMP CREATIONS, INC.

Principal Place of Business

967 SHOTGUN ROAD  
FT. LAUDERDALE FL 33326

Mailing Address

967 SHOTGUN ROAD  
FT. LAUDERDALE FL 33326

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27

City & State

23

28

Zip

24

29

Country

Zip

Country

25 29 30

9. Name and Address of Current Registered Agent

HOFF, RITA  
967 SHOTGUN ROAD  
FT. LAUDERDALE FL 33326

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                         |                                 |                    |   |
|----------------|-------------------------|---------------------------------|--------------------|---|
| TITLE          | D                       | <input type="checkbox"/> DELETE | 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HOFF, RITA              |                                 | 1.2 NAME           |   |
| STREET ADDRESS | 967 SHOTGUN ROAD        |                                 | 1.3 STREET ADDRESS |   |
| CITY-ST-ZIP    | FT. LAUDERDALE FL 33326 |                                 | 1.4 CITY-ST-ZIP    |   |
| TITLE          |                         | <input type="checkbox"/> DELETE | 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |                                 | 2.2 NAME           |   |
| STREET ADDRESS |                         |                                 | 2.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                         |                                 | 2.4 CITY-ST-ZIP    |   |
| TITLE          |                         | <input type="checkbox"/> DELETE | 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |                                 | 3.2 NAME           |   |
| STREET ADDRESS |                         |                                 | 3.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                         |                                 | 3.4. CITY-ST-ZIP   |   |
| TITLE          |                         | <input type="checkbox"/> DELETE | 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |                                 | 4.2 NAME           |   |
| STREET ADDRESS |                         |                                 | 4.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                         |                                 | 4.4 CITY-ST-ZIP    |   |
| TITLE          |                         | <input type="checkbox"/> DELETE | 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |                                 | 5.2 NAME           |   |
| STREET ADDRESS |                         |                                 | 5.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                         |                                 | 5.4 CITY-ST-ZIP    |   |
| TITLE          |                         | <input type="checkbox"/> DELETE | 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |                                 | 6.2 NAME           |   |
| STREET ADDRESS |                         |                                 | 6.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                         |                                 | 6.4 CITY-ST-ZIP    |   |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90154 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1993

4. FEI Number

65-0411485

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

CR2E034 (11/98)