

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY - 1 PM 2: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000034775 (5)

1. Corporation Name

INFINITE CREATIONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

519 CIDARMILL PLACE
LAKE MARY FL 32746

Mailing Address

519 CIDARMILL PLACE
LAKE MARY FL 32746

3. Date Incorporated or Qualified: **05/10/1993** 3a. Date of Last Report: **04/22/1994**

4. FCI Number: **59-3186003** Applied For: Not Applicable

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

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has liability for indelible tax under 5-199(2)(c) Florida Statutes: **Yes** No

2. Principal Place of Business

21. **519 CIDERMILL PLACE**

2a. Mailing Address

26. **519 CIDERMILL PLACE**

22. State: **FL**

27. State: **FL**

23. City & State

28. City & State

24. Zip

25. Zip

29. Zip

30. Zip

9. Name and Address of Current Registered Agent

**WORDEN, JOHN D
519 CIDARMILL PLACE
LAKE MARY FL 32746**

10. Name and Address of New Registered Agent

81. Name: _____
82. Street Address, P.O. Box, Chamber of Commerce: **519 CIDERMILL PLACE**
83. _____
84. City: _____ 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.02 and 607.03, Florida Statutes, the above named corporation adopts this statement for the purpose of changing its registered office to a registered agent in Lake Mary, Florida, effective 4/22/95. This change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. Date: **4-24-95**

SIGNATURE: *John D. Worden*

John D. Worden

4-24-95

12. OFFICE OF REGISTERED AGENT

**WORDEN, JOHN D
519 CIDARMILL PLACE
LAKE MARY FL**

13. REGISTERED ADDRESS TO WHICH FEES AND REPORTS SHOULD BE SENT

519 CIDERMILL PLACE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true and equally for the corporation stated in Sections 607.02 and 607.03, Florida Statutes. Further, I certify that the information submitted 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 person or persons authorized to execute this report as required by a higher law. Florida Statutes, and that my name appears on the back of this block and is typed on the registration with an address.

SIGNATURE:

John D. Worden

4-24-95

324-2239