SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 24 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P94000064434 (1) LORI'S CREATIONS, INC. Principal Place of Business Mailing Address 6220 SW 5 CT P.O. BOX 15444 PLANTATION FL 33318-5444 PLANTATION FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0513197 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Injurgible
Personal Property Tax due June 30. Yes No Zip Country Zip Country 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JONAITIS, LORI 6220 SW 5 CT 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33317 83 84 City Zip Code 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. 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 algorature required when reinstating) DATE CR2E034 (5/98) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE NAME J**on**attis, Lori 1.2 NAME 6220 SW 5TH CT. STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL 33317** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE ___ Change ___ Addition CHRZESCIAN, MARK NAME 2.2 NAME 6220 SW 5TH CT. STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZiP TITLE DELETE 4.5 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition 0000002599180 NAME 6.2 NAME

6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(1), 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 ecohyrer 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, from an attainment with an address.

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-07/27/98--01054--003

***150.00

Lori's Creation, Inc.

Soft of

P. O. Box 15444

Ft. Lauderdale, Fl. 33318
1-954-583-6104

Do whom it may concern:

of Corporations at (850) 488. 9000. I reported that I did not received the first annual modice. I only received the second.

werdy replied that I write a letter letting you know that I didn't receive the first motice and to send 150.00 with the and annual report.

I am sending theck # 1760 of \$150.00 and sending theck # 1760 of some cooperation,

La Genartis