SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P95000014917 (5)

MC CLEARY CONCEPTS & CREATIONS, INC.

Principal Place of Business

Mailing Address

FILED Sep 29 1998 8:00am Secretary of State



6577 SLEEPY V DELRAY BEACH		6577 SLEEPY WILLOW WAY DELRAY BEACH FL 33484		DO NOT WRITE IN THI 3. Date Incorporated or Qualified 02/22/1995	IS SPACE
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2600	Lake Dr. North	26 2600 Lake D	oc North	65-0558761	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Bount	on Beach, FL (Home)	27 Home		S. Comments of States Bosines	Fee Required
City & State		City & State 28 Bounton Bea	ch. FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3343	Country 25 USA	Zip	Country 30 USA	This corporation owes or has paid the corporation owes or has paid the corporation owes or has paid the corporation.	urrent year Intangible Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent
AME	RILAWYER		81 Name		
343 ALM E RIA AVENUE CORAL GAB LES FL 33134			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City	F	85 Zip Code
office or	t to the provisions of sections 607.0502 a registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change was au	thorized by the corpor	rporation submits this statement for the purpose of cration's board of directors. I hereby accept the appropriate the company of the company	changing its registered continent as registered
SIGNATURE					
	Signature, typed or printed name of registered agent a		E: Registered Agent signature		NA DIDECTORO IN 40
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P HOOLEADY MICHAEL D	▼ DELETE	1.1 TITLE	Mechani Michael D.	Change Addition
NAME	MCCLEARY, MICHAEL D 6577 SLEEPY WILLOW WAY		1.2 NAME 1.3 STREET ADDRESS	McCleary, Michael D. 2600 Lake Dr. North	
STREET ADDRESS	DELRAY BEACH FL 33484		1.3 STREET ADDRESS	Boynton Beach, FL 33435	
CITY-ST-ZIP TITLE	DEUNAT BEAUTI FL 33404	[]priere	1.4 CITY-ST-ZIP	DOYNTON BEACK, FL 33433	Change Addition
NAME		L DELETE	2.2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP	,	- Çir-
TITLE		DELETE	3.1 TITLE		
NAME			- :		Change Addition
STREET ADDRESS			3.2 NAME		Change Addition
			3.2 NAME 3.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP			l i		Change Addition
CITY-ST-ZIP TITLE		DELEYE	3.3 STREET ADDRESS		Change Addition
			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE "			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE		
TITLE #			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME		
TITLE NAME STREET ADDRESS	•		3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	900002553	Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	-10 /02/9801005	Change Addition Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	-10 /02/9801005	Change Addition Change Addition

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.



To: Florida Department Of State Division Of Corporations P.O. Box 6327 Tallahassee, FL 32314 From: McCleary Concepts & Creations Inc. 2600 Lake Drive North
Boynton Beach, FL 33435
09/18/98

To whom it may concern. I (Michael D. McCleary) am righting this letter to inform you that I never received my first notice. I have moved, my old address was, 6577 Sleepy Willow Way, Delray Beach, FL 33484. The first noticed must have been sent there or lost. The addresses have been corrected in the appropriate areas on the Annual Report Form. Enclosed is a company check for \$150. Moving has caused my business other problems, I hope this is one that I can solve. Thank you for your attention and cooperation in this matter.

Sincerely, Michael D. McCleary,