

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90187 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000074428**

1. Corporation Name
M & G CREATIONS, INC

Principal Place of Business
 7657 NW 57 ST.
 TAMARAC FL 33321

Mailing Address
 7657 NW 57 ST.
 TAMARAC FL 33321



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4679 N. University Drive	2a. Mailing Address 26 3690 SW 23rd Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lauderhill, FL	City & State 28 Fort Lauderdale, FL
Zip 24 33319	Country 25 USA
	Zip 29 33312
	Country 30 USA

3. Date Incorporated or Qualified 09/25/1995	4. FEI Number 65-0646650	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

DE HOYOS, MELBA
7657 NW 57 STREET
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name **GLORIA E. KIMBALL**
 82 Street Address (P.O. Box Number is Not Acceptable)
3690 SW 23rd Street
 83
 84 City **FORT LAUDERDALE** **FL** 85 Zip Code **33312**

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 X *Gloria E. Kimball* DATE **4/20/99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C <input checked="" type="checkbox"/> DELETE
NAME	DE HOYOS, MELBA
STREET ADDRESS	7657 NW 57 STREET
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	C <input type="checkbox"/> DELETE
NAME	KIMBALL, GLORIA E
STREET ADDRESS	7657 NW 57 ST
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3690 SW 23rd Street
2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: X *Gloria E. Kimball* DATE **4/20/99** Daytime Phone # **(954) 746-0867**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)