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

PROFIT **CORPORATION ANNUAL REPORT** 



THORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600002766 (9)

CREATIONS IN MICA AND WOOD, INC.

Principal Place of Business	Mailing Address
1645 BANKS ROAD	1645 BANKS ROAD
MARGATE FL 33063	MARGATE FL 33063-774

**FILED** Jun 13 1997 8:00am Secretary of State

Principal Place of Business 1645 BANKS ROAD MARQATE FL 33063		Mailing Address 1645 BANKS ROAD WARGATE FL 33063-7743			
MARGAIE PL 3	3403	MANGATE PL 33003-7/43		3. Date Incorporated or Qualified 01/04/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-064437	Not Applicabl
Suite, Apt.	#, etc.	Suite, Apt.,#, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z(p)	Country	8. This corporation has liability for in	
24	25	29	30	Florida Statutes	Yes XNo
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Reg	pistered Agent
	iegan, stephen		81 Name		
	) riverside drive		82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
	. 310		-		
COF	VAL SPRINGS FL 33085		83		
			84 City		FL 85 Zip Code
44 Diversions	to the provisions of Sections 607 OF	EO2 and CO7 1509 Florida Clatic	too the above negreed cor	sporation automite this statement for the p	
agent. I a	m familiar with, and accept the obli	igations of, Section 607.0505, F	lorida Statutes.	rporation submits this statement for the plation's board of directors. I hereby accept	tino appointment as registered
SIGNATURE	Stansture, typed or printed name of registered a	agent and title if applicable (NO	1E: Registered Agent signature regi	uured when reinstating)	DATE
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	agent and title if applicable (NO NO DIRECTORS	TE: Registered Agent signature requ	unred when reinstating)  ADDITIONS/CHANGES TO OFFIC	<u> </u>
12.	OFFICERS A				·
·	OFFICERS A  D  HENEGAN, STEPHEN	ND DIRECTORS	13.		ERS AND DIRECTORS IN 12
12.	OFFICERS A  D  HENEGAN, STEPHEN 3100 RIVERSIDE DR #310	ND DIRECTORS	13. 1.1 TITLE		ERS AND DIRECTORS IN 12
12. TITLE NAME	OFFICERS A  D HENEGAN, STEPHEN 3100 RIVERSIDE DR #310 CORAL SPRINGS FL 33065	ND DIRECTORS	13. 1.1 TiTLE 1.2 NAME		ERS AND DIRECTORS IN 12 Change Additio
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A  D HENEGAN, STEPHEN 3100 RIVERSIDE DR #310 CORAL SPRINGS FL 33065 D	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ERS AND DIRECTORS IN 12 Change Additio
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A  D HENEGAN, STEPHEN 3100 RIVERSIDE DR #310 CORAL SPRINGS FL 33065 D ROSAMONDA, CHARLES 900 NW 104 WAY	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		ERS AND DIRECTORS IN 12 Change Additio
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T12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A  D HENEGAN, STEPHEN 3100 RIVERSIDE DR #310 CORAL SPRINGS FL 33065 D ROSAMONDA, CHARLES 900 NW 104 WAY	ND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 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		ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
T12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A  D HENEGAN, STEPHEN 3100 RIVERSIDE DR #310 CORAL SPRINGS FL 33065 D ROSAMONDA, CHARLES 900 NW 104 WAY	NO DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 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 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
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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

912-9912