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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 27 1997 8:00am

Secretary of State

A HARIJARKA NIP HANIR RANIA RANIA RANIA PRINA RANIA RANIA RANIA NIPUR NIPUR NIPUR NIPUR NIPUR NIPUR NIPUR NIPUR

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000041203 (6)

JULIP CREATIONS, INC.

SIGNATURE:

			····				<b>                                    </b>
Principal Place of Business Mailing Address							
3890 W. COMMERCIAL BOULEVARD SUITE 217 FT. LAUDERDALE FL 33309		3880 W. COMMERCIAL BOULEVARD SUITE 217 FT. LAUDERDALE FL 33309-3319					
					3. Date Incorporated or Qualified 05/07/1996	3a. Date of La	st Report
	face of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt #, etc		[26]		65-0667427 Not Applicable			
22 City & State		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required		
23		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	•	8. This corporation has liability for		er s. 199.032,
24	25 9. Name and Address of Curre		30		Florida Statutes	Yes No	
DDI		ur vadistalan Malir	81	Name	10. Name and Address of New Re	gistered Agent	
DRUJAK, SHELLEY J 3890 W. COMMERCIAL BOULEVARD							
1	TE 217	· ·	62	Street Ad	dress (P.O. Box Number is Not Acceptab	ole)	
	LAUDERDALE FL 33309		83				
		·	84	City		FL 85 7	ip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Statutes	the above	e-named co	progration submits this statement for the n	urnose of changin	no its registered
office or r agent. La	egistered agent, or both, in the State im familiar with, and accept the oblig	o of Florida. Such change was au pations of, Section 607.0505, Flor	ithorized by	the corpor	orporation submits this statement for the partion's board of directors. I hereby accept	of the appointment	as registered
SIGNATURE							-
12.	Signal at Expire or printed name of registered ag	iont and Intel It applicable (NOTE: NO DIRECTORS		ent signature rec	cuired when reinstating)	DATE DIDECT	000 111 40
TILF	PD OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Chan	
NAME	DRUJAK, SHELLEY J	[_] Vicele	1.2 NAME			Lad Oldin	de 🗀 vaniioi:
STREET ADDRESS 3890 W. COMMERCIAL BLVD., SUITE 217		1.3 STREET ADDRESS					
CITY - \$1 - ZIP	FT. LAUDERDALE FL 33309		1.4 CITY-S				
DILE			2.1 TITLE			Chan	ge Addition
NAME	DRUJAK, ARTHUR M		2.2 NAME				
\$1REET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-7:P	FT. LAUDERDALE FL 33309		2 4 CITY-	ST-ZIP			
101LF	DELETE		3 1 TITLE			Chan	ge Addition
NAME:			32 NAME				
STREET ADDRESS			33 STREET				
CHY-ST-7(P Title		DELETE	3 4. CITY - 5	ST-ZIP			
NAME			4 1 TITLE 4 2 NAME			L Chan	ge Addition
STREET ADDRESS			4 2 NAME	ADDRESS			
CITY-SI-ZIP			4 4 CITY - S				
TATLE		DELETE	5.1 TITLE	, - <u>21</u> 4		☐ Chan	ge Addition
NAME		<del></del>	5.2 NAME			- William	
STREET ADORESS			5 3 STREET	ADDRESS			
CITY-S1-2IF			5 4 CITY-S	l l			
TITLE		DELETE	6.1 TITLE			Chan	ge 🔲 Addition
NAME			6.2 NAME				
STREET ADORESS			63STREET	ADDRESS			
1 612 1 62 20			<b>I</b>	1			

14. I do 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 12 or on an attachment with an address.