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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600075813 (1)

'	pration Name NER'S CAFI		00000	,,	3013 (1)									
Principal	Place of Busines	ss		Ma	ailing Address				\dashv	i indiidan iid idiid diini bah		1811 IB 40 1 B141		
14 VIA MIZNER 14 VIA MIZNER WORTH AVENUE WORTH AVENUE														
PALM BEACH FL 33480				PALM BEACH FL 33480					L	DO NOT WRITE IN THIS SPACE				
Ì									*	3. Date incorporated or Qu	alitied			
2. Principal Place of Business				2a. Mailing Address						09/11/1996 4. FEI Number			T 1	oplied For
21				26						65-0693145				ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.							· r	<u> </u>		Additional
22				27						5. Certificate of Status Desi	ed L	_ *		equired
City & State				City & State						8. Election Campaign Finar	cing		\$5.00	May Be
23				28					_	Trust Fund Contribution			Added	to Fees
Zip		Country	-		Zip	— ¬	ountry	у	٤	This corporation owes or	•		_	_ ~
24	n Name	25 Address		29	ered Agent	30	1			Personal Property Tax du D. Name and Address of I			-	_] No
Name and Address of Current Registered Agent CORPORATE: CREATIONS ENTERPRISES, INC.								Name .		· · · · · · · · · · · · · · · · · · ·			-	
			ENTERPHISE	5	ING.		82	1		am, Leslie 🛊 W			•	
4521 PGA BLVD. STE 211								Street Ad	idress i	(P.O. Box Number is Not Ac S.E. FEDERAL	ceptable)			
PALM BEACH GARDENS FL 33418									يراا	O.C.I.I GPCIA	17601	•		
							<u> </u>	0						
							84	City H	BO	3 SOUND		FL 85	5 4º	Code 3 4 5 5
11. Pursi	uant to the provis	sions of Section	s 607.0502 an	id 60	07.1508, Florida Statuti	es, the a	abov	e-named co	orporati	ion submits this statement f	r the purp		inging if	ts registered
agen	e or registered at it. I am familiar w	geni, or both, it rith , an d accept	t the State of F t the obligation	ioria is of,	ia. Such change was a , Section 607.05 <mark>05</mark> , Flo	autnorize orida Sta	ea b atute	y the corpoi s.	ration s	ion submits this statement for board of directors. I hereb	accept tr	ne appointr	nent as	registered
SIGNATU	JRE	stine"	Lovely	•							-5/	120	7	
	Signature type of	d or printed name of	-					ent signature rec	quired who		• •	DATE		
12. Title	l b	OF FI	CERS AND DI	HEU	DELETE	13.	TITLE	· ····		ADDITIONS/CHANGES TO	OFFICER		Change	Addition
NAME	1 -	, steven			OLLER		NAME						Ollarige	Addition
STREET ADDI		MIZNER						T ADDRESS						
CITY-ST-ZIF	I	SEACH FL 33	480					ST-ZIP						
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STREET ADDA	IESS					235	STREET	ADDRESS						
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NAME							MAME							
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TITLE					☐ DELET E	4.1 T						· لــا	Change	Addition
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NAME							IAMÉ					٠ است		, , , , , , , , , , , , , , , , , , , ,
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NAME	1					6.2 N	IAME							
STREET ADDR	ESS					6.3 S	TREET	ADDRESS						
CITY-ST-ZIP						6.4 0	ity-s	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.

FILED

Mar 26 1998 8:00am

Secretary of State