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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000076614 (2)

1. Corporation Name

CREATIONS OF NAPLES, INC.



Principal Place of Business

Mailing Address

3860 23RD AVE SW
NAPLES FL 34117

3860 23RD AVE SW
NAPLES FL 34117-6654

2. Principal Place of Business

2a. Mailing Address

21 1826 Trade Center Way
Suite, Apt. #, etc

26 1826 Trade Ctr. Way
Suite, Apt. #, etc

22 #A

27 #A

23 NAPLES, FL
City & State

28 NAPLES, FL
City & State

24 34109
Zip

29 34109
Zip

25 US
Country

30 US
Country

9. Name and Address of Current Registered Agent

JENKINS, SCOTT
3860 23RD AVE SW
NAPLES FL 34117

3. Date Incorporated or Qualified
09/13/1996

3a. Date of Last Report

4. FEI Number

65-0692094

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Scott A. Jenkins

(NOTE: Registered Agent signature required when reinstating)

PRES.

3/12/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	JENKINS, SCOTT	
STREET ADDRESS	3860 23RD AVE SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	DST	☐ DELETE
NAME	JENKINS, PAMELA	
STREET ADDRESS	3860 23RD AVE SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 13 if changed, or on an attachment with an address.

SIGNATURE:

Scott A. Jenkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97 941-592-9444
Date Daytime Phone

CR2E034 (9/96)