05-03-1999 90044 028 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000089205

INNOVATIVE CREATIONS INTERNATIONAL INC.

Principal Place of Business	Mailing A
1821 SOUTHWEST 55TH AVENUE PLANTATION FL 33317	1821 SOU PLANTATIO

ddress

THWEST 55TH AVENUE ON FL 33317

|--|--|

## DO NOT WRITE IN THIS SPACE

٠.					3. Date Incorporated or Qualifed 10/29/1996			
2 Principal Pl	lace of Business	2a. Mailing Address	••		4. FEI Number	T A	pplied For	
21	acco of Business	26			65-0751500	N <sub>1</sub>	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired	
22) City & State	8	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Countr	y	8. This corporation owes the current year Intar	ngible		
24 25 29 3			0		Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Curre	nt Registered Agent	Ĺ	44	10. Name and Address of New Registered A	gent		
			8	l Name				
	en, ronald		9	82 Street Address (P.O. Box Number is Not Acceptable)				
1821	SOUTHWEST 55TH AVENUE		64	82 Street Address (P.O. Box Number is Not Acceptable)				
PLAN	NTATION FL 33317		8:	3				
	•		ļ <u>.</u>			Ta=1 3:-	Code	
			84	City	FL	85 Zip	Code	
	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auto- ations of, Section 607.0505, Florid	nonzed by ia Statute	y the corpora s.	orporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoint 4-24-99	ment as re	egistered	
	Signature, typed or printed name of registered ege			ent signature requ	uired when reinstating) DATE	DIDEAT		
12.		ND DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFICERS AND	Change		
TITLE	D	☐ DELETE	1,1 TITLE			Change		
NAME	KAMEN, RONALD T		1.2 NAME				*	
STREET ADDRESS				ET ADDRESS	•			
CITY-ST-ZIP	PLANTATION FL 33317		1,4 CITY-			Channa	Addition	
TITLE		☐ DELETE	. 2.1 TITLE			☐ Change	, LJ Addibon	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STRE	ET ADDRESS	•			
CITY-ST-ZIP			2, 4 CITY				- Addition	
TITLE		☐ DELETE	3.1 TITLE			Change	☐ ¥@@@@	
NAME			3.2 NAME					
STREET ADDRESS			33 STRE	ET ADDRESS	•			
CITY-ST-ZIP			3.4. CITY-			(T)(h	Addition	
TITLE	,	☐ DELETE	4.1 TITLE			Change	Addition	
NAME .			4, 2 NAM					
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-			CT Char		
TITLE		☐ DELETE	5.1 TITLE			Change	e Addition	
NAME			5.2 NAME		•			
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		<del></del>	5.4 CITY					
TITLE		☐ DELETE	6.1 TITLE		,	☐ Change	Addition	
NAME		•	6.2 NAME		•			
STREET ADDRESS			1	ET ADDRESS				
CODY OT 710 + .			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.

