

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000091468 (4)

1. Corporation Name
INTREPID HEART CREATIONS, INC.

Principal Place of Business
8474 NORTH UNIVERSITY DRIVE #217
SUNRISE FL 33351-6789

Mailing Address
3474 NORTH UNIVERSITY DRIVE #217
SUNRISE FL 33351-6722



2. Principal Place of Business 21 3474 N. University Drive Suite, Apt. #, etc. 22 #271 City & State 23 SUNRISE FL Zip 24 33351-6799		2a. Mailing Address 26 3474 N. University Drive Suite, Apt. #, etc. 27 #271 City & State 28 SUNRISE FL Zip 29 33351-6799		3. Date Incorporated or Qualified 11/04/1996		3a. Date of Last Report	
4. FEI Number 65 070 7778		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KING, CHARLES K 3474 NORTH UNIVERSITY DRIVE #217 SUNRISE FL 33351-6799				10. Name and Address of New Registered Agent 81 Name KING, Charles K 82 Street Address (P.O. Box Number is Not Acceptable) 3613 NW 94 Ave 83 84 City SUNRISE FL 85 Zip Code 33351			
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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 Charles K. King CHARLES KEVIN KING 4/15/97
Signature, typed or printed name of registered agent and the corporation (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KING, CHARLES K			1.2 NAME			
STREET ADDRESS	3613 N.W. 94TH AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33351			1.4 CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHMITT, SHARON			2.2 NAME			
STREET ADDRESS	3613 N.W. 94TH AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33351			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Charles K. King

CR2E034 (9/96)