

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000093317 (1)

1. Corporation Name

CLASSIC CREATIONS, INC.

Principal Place of Business

233 N FEDERAL HWY
SUITE 47
DANIA FL 33004

Mailing Address

233 N FEDERAL HWY
SUITE 47
DANIA FL 33004-2840

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 P. O. Box 635

City & State

28 DANIA, FL

Zip

29 33004

Country

30 USA

3. Date Incorporated or Qualified

11/12/1996

3a. Date of Last Report

9. Name and Address of Current Registered Agent

CLICKMAN, PHILLIP L
605 IYES DAIRY RD 6103
NORTH MIAMI BEACH FL 33179

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFCOAT, JULIE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	21770 N FIRST ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Julie Jeffcoat

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

03/01/97

(954)927-7203

Daytime Phone #

CR2E034 (9/96)