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 # P97000051084 (6)

CREATIVE DIMENSIONS JEWELRY, INC.

FILED May 18 1998 8:00am Secretary of State

Principal Place 35366 S 3546 S ZEPHYRHILLS	ce of Business St. Rd. 54 W., Ste.22 Mean se secto SFL 33541	Mailing Address 35366 St. Road 35368 W. W. M. H. M. Road ZEPHYRHILLS FL 33541	1 54 W KNEXNE	., Ste	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					06/10/1997	
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number Applied F	Or
21		26			59-3456952 Not Appli	cable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Addition	าลเ
22		27			5. Certificate of Status Desired Fee Required	
City & Sta	le	City & State			6. Election Campaign Financing \$5.00 May Bo	e
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	y	8. This corporation owes or has paid the current year Intangible	;
24	25 29 30			Personal Property Tax due June 30. Yes No		
	9. Name and Address of Current	Registered Agent	81	T Manage	10. Name and Address of New Registered Agent	
	IVIL, JON L		*'	Name	1	
	837 MERIDIAN AVE., STE. 314		82	Street Ac	Address (P.O. Box Number is Not Acceptable)	
DA DA	IDE CITY FL 33525		83			
			63			
			84	City	85 Zip Code	
dd Director	to the area is an all Parties COZ OF OZ	and CO7 1000 Elected Chat.to.	the obey		FL	larad
office or	registered agent, or both, in the State of	and 607.1508, Florida Statutes If Florida. Such change was au	s, the abov ithorized b	e-named or y the corpo	d corporation submits this statement for the purpose of changing its regist rporation's board of directors. I hereby accept the appointment as registe	red red
agent. Fa	am familiar with, any accept the obligat	ions of, Section 607.0505, Flor	•	^	1//55/97	
SIGNATURE	Signature, based or goaled name of registered agen	Hay Jon		Muu	re required when reinstating) DATE	
12.	OFFICERS AND		13,	uni signature te	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	☐ DEL€ TE	1.1 TITLE			ddition
NAME	SABER, GORDON A		1.2 NAME	i		
STREET ADDRESS	36970WXSTATE ROX 64 XHE	kt/ek	13 STREET	ADDRESS	35366 St. Rd. 54 W., Ste. 22	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541		1.4 C(TY-5	ST-ZIP	Zephyrhills, PL 33541	
TITLE	♥P/S/T	☐ DELETE	2.1 TITLE		☐ Change ☐ Ad	ddition
NAME	Saber, Debbie		2.2 NAME			
STREET ADDRESS	35366 St. Rd. 54 W	est, Ste.22	2.3 STREET	I ADDRESS		
CITY-ST-ZIP	Zephyrhills, FL 3	3541	2. 4 CITY -	ST-ZIP		
TITLE		L DELETE	3.1 TITLE	ŀ	L Change L Ac	ddition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET	ADDRESS		
CITY-ST-ZIP		Desert	3.4 CITY-	ST-ZIP		5 Pe
TITLE		LJ D&LETE	4.1 TITLE		Change Ac	ddition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP		DELETE	4.4 CITY - S	ST- 7IP	Change Little	ddition
TITLE	1		5.1 TITLE	1	Change L Ad	Юнюп
NAME ATRICT ARRESON			5.2 NAME			
STREET ADDRESS			5 3 STREET			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-S 6.1 TITLE	31-212	Change Ac	dition
NAME -		vessee	6.2 NAME		J. J	
STREET ADDRESS	1		6.3 STREET	L ADDRESS		
CITY-ST-ZIP			6.4 CITY - S	- 1		
14. I hereby	certify that the information supplied wit	this filing does not qualify for	the exemp	tion stated	led in Section 119.07(3)(i), Florida Statutes. I further certify that the information	ation
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.						