

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

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000051084 (6)**  
 1. Corporation Name  
**CREATIVE DIMENSIONS JEWELRY, INC.**



Principal Place of Business <b>35366 St. Rd. 54 W., Ste. 22</b> <del>35370 W. STATE RD., STE. 10</del> ZEPHYRHILLS FL 33541	Mailing Address <b>35366 St. Road 54 W., Ste. 22</b> <del>35370 W. STATE RD., STE. 10</del> ZEPHYRHILLS FL 33541
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/10/1997</b>	
21 Suite, Apt #, etc.	22 City & State	23 Zip	24 Country	25	26
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9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>AUVIL, JON L</b> <b>37837 MERIDIAN AVE., STE. 314</b> <b>DADE CITY FL 33525</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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: *Sandra Auvil Jon L. Auvil* DATE: **4/23/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D/P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SABER, GORDON A</b>			1.2 NAME			
STREET ADDRESS	<del>35370 W. STATE RD., STE. 10</del>			1.3 STREET ADDRESS	<b>35366 St. Rd. 54 W., Ste. 22</b>		
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33541</b>			1.4 CITY-ST-ZIP	<b>Zephyrhills, FL 33541</b>		
TITLE	<b>VP/S/T</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>Saber, Debbie</b>			2.2 NAME			
STREET ADDRESS	<b>35366 St. Rd. 54 West, Ste.22</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>Zephyrhills, FL 33541</b>			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 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: *Gordon A. Saber*

CR2E034 (10/97)