## 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 # P97000071640 (1)

CREATIONS BY GAIL, INC.

Principal Place of Business	Mailing Address
4421 LANE ROAD ZEPHYRHILLS FL 33541	4421 LANE ROAD ZEPHYRHILLS FL 33541

FILED Jun 04 1998 8:00am Secretary of State



ZEPTI MILLES PL 33391		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified 08/18/1997	
2. Principal Pl	lace of Business	2a. Mailing Address	1198		4. FEI Number Applied For Not Applied Not Applied Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	<del>- i</del>	2	5. Certificate of Status Desired S8.75 Additional Fee Regulred	
City & State	9	28 20 State	I far	Jasa	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Gountry 25		County	asto	8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Current	- L - L - T	<u> </u>	w	10. Name and Address of New Registered Agent	
CID	<del></del>		81	Name		
GIBBONS, GARY A 3321 HENDERSON BLVD.			82	82 Street Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33609				SHOOL AU	arress (F.O. Box Number is Not Acceptable)	
			83			
			84	City	FL 85 Zip Code	
11. Pursuant t office or re agent. Lar	to the provisions of Sections 607 0502 egistered agent, or both, in the State om m familiar with, and accept the obligat	and 607.1508, Florida Statutes of Florida Such change was au lions of, Section 607.0505, Flori	the above thorized by da Statute	e-named co the corpor s.	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed harve of registered agen	and title if applicable (NOTE)	Registered Age	ent signature rec	q.µed when reinstating) DATF	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Ò	DELETE	1.1 111LE		☐ Change ☐ Addition	
NAME .	HILL, GERALDINE GAIL		1.2 NAME			
STREET ADDRESS	4421 LANE ROAD		1.3 STREET	ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL 33541		1.4 CITY - S	1 - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME		er en	
STREET ADDRESS			2.3 STRFET			
CITY-ST-ZIP		Dietre	2 4 CiTy-	ST-ZIP	Change Addition	
TITLE		☐ DELETE	3.1 TITLE		Li Change Li Addition	
NAME			3.2 NAME	1 DUDEOG		
STREET ADDRESS			3.3 STREET			
CITY-\$T-ZIP		DELFTE	3.4. CITY- : 4.1 TITLE	51-ZIP	Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - 9			
TITLE		☐ DFLFTE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	1- ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME	1		
STREET ADDRESS			6.3 STREET	ADDRESS		
0177 07 710			64.007/-6	T 710		

14. Thereby 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 ompowered 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.