

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$500 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000093892

1. Corporation Name

STRATEGIC CREATIONS, INC.

Principal Place of Business  
6630 121ST AVENUE, NORTH #4  
LARGO FL 33773

Mailing Address  
6630 121ST AVENUE, NORTH #4  
LARGO FL 33773

FILED

99 NOV 17 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

10/27/1997

4. FEI Number

59-3481361

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐

Yes ☐ No

2. Principal Place of Business

21 4175 East Bay Dr

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 242

27

City & State

City & State

23 Largo

28

Zip

Zip

24 33764

Country

Country

25 USA

29

30

9. Name and Address of Current Registered Agent

GUIDRY, ADRIENE W  
6630 121ST AVENUE, NORTH #4  
LARGO FL 33773

10. Name and Address of New Registered Agent

81 Name

Adriene Guidry

82 Street Address (P.O. Box Number is Not Acceptable)

4175 East Bay Drive

83 Suite 242

84 City

Largo

FL

85 Zip Code

33764

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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

*Adriene Guidry*

(NOTE: Registered Agent signature required when reinstating)

10/17/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS GUIDRY, ADRIENE W  
CITY-ST-ZIP 6630 121ST AVENUE, NORTH #4  
LARGO FL 33773

TITLE ☐ DELETE

NAME STD  
STREET ADDRESS REED, KARLA  
CITY-ST-ZIP 6630 121ST AVENUE, NORTH #4  
LARGO FL 33773

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*Adriene Guidry*

REQUIRED

Date

Daytime Phone #

10/17/99 728-261-261

CR2E034 (5/99)