**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000044407

1. Corporation Name

KIM PALL CREATIONS, INC.

## Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90018 034 \*\*\*150.00



Principal Place	e of Business	Ma	iling Address				1 10011001 110 10101	18414 WM115 WM121 WM211 ##1		
28534 FAIRWEATHER DR 28534 FAIRWEATHER DR										
WESLEY CHAPEL FL 33543 WESLEY CHAPEL FL 33543				3					ID DDAGE	
								NOT WRITE IN TH	IS SPACE	<del></del>
1							3. Date incorporated or 05/15/1998	r Qualifed		
2. Principal Pi	lace of Business	2a.	Mailing Address				4. FEI Number		Apı	ofied For
21		26					59~35	32167		t Applicable
Suite, Apt.	#, etc.	~	Suite, Apt. #, etc.		•		5. Certificate of Status	Desired	\$8.75 A	II.
22		27							Fee Re	
City & State	e	$\vdash$	City & State				6. Election Campaign f	_	\$5.00	
23		28			4		Trust Fund Contribu		Added to	o rees
Zip	Country		Zip		untry		This corporation own     Personal Property T			□No
24	25	29	tornel Amoust	30	Т					
	9. Name and Address of Curre	nt Kegisi	raian Wâaur		81	Name	10. Name and Address	0 - 15	ΔΔΔ	
SCH	RADER, DAVID L				Ш		Nancy J.	Bastian	CPH	
21859 STATE ROAD 54				82	Street Add	treet Address (P.O. Box Number is Not Acceptable)				
	E 700				83		7410 PER		, , ,,,,,,	
1	Z FL 33549									
	- 1 0 000 10				84	City	T	F	85 Zip C	Code
	to the provisions of Sections 607.05	00 00	of 4500 Florido Statut	on the	abovo	namad car	Tampa			registered
l office or n	edictored agent or both in the State	of Florid	a. Such change was a	utnonze	ea ov tr	he corporati	ion's board of directors. I he	reby accept the app	ointment as req	gistered
agent. I a	m familiar with, and accept the oblig	ations of,	Section 607.0505, Flo	rida Sta	tutes.			.1.	- ho	
SIGNATURE	1ancy 9	. Ba	estan	· Conleter	ad Acent	eionature requir	ed when reinstating)		777	
	Signature, typed or printed name of registered as	ent and the f	rappiicable. (140 rc	. Register	an wholer	Signature requir	on with toward (1.9)			
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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 pringed, of on an attachment with an address, with all other like empowered.

SIGNATURE: