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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000052053

1. Corporation Name

LOVE BUG CREATIONS, INC.

Principal Place of Business	

Mailing Address

327 SW SALERNO CIRCLE STUART FL 34997

327 SW SALERNO CIRCLE STUART FL 34997

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90238 032 ***150.00



					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
					06/10/1998		1
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	or
21	26			65-0846540	Not Applica	able	
Suite, Apt.	Suite, Apt. #, etc.	Apt, #, etc.			\$8.75 Additiona	al	
22 27					5. Certifcate of Status Desired	Fee Required	
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be	,
23		28	¬ '		Trust Fund Contribution	Added to Fees	
Zip	Country		Zip Country		8. This corporation owes the current year Int	angible	
 -1	25	 	¬ ' — —		Personal Property Tax. Yes Yes		1
24	9. Name and Address of Currer		-		10. Name and Address of New Registered	Agent	\neg
	a. Hame and Addition		81	Name			
HUN	SINGER, BARBARA L						
	SW SALERNO CIRCLE		82	Street #	Address (P.O. Box Number is Not Acceptable)		
	ART FL 34997		83	 			
	**						
1	*		84	City	FL	85 Zip Code	
11 Dureuget	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the abov	e-named o	corporation submits this statement for the purpose of	changing its register	red
office or re	enistered agent, or both, in the State	of Florida. Such change was aut	horized by	the corpo	pration's board of directors. I hereby accept the appoint	ntment as registered	t
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	a Statute:	».			
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable (NOTE: F	Registered Age	nt signature re	equired when reinstating) DATE		- 1
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 1	12
TITLE	PD	☐ DELETE	1.1 TITLE			Change Ad	ddition
NAME	HUNSINGER, BARBARA L		1.2 NAME				
	327 SW SALERNO CIRCLE		1	T ADDRESS			
STREET ADDRESS	STUART FL 34997		1.4 CITY-5				
CITY-ST-ZIP	51UARI FL 34997		2.1 TITLE	31-ZIP	COC 1.C DIENC	☐ Change Z	dition
TITLE		Dotter		ŧ.	DECTIPETY.		
NAME			2.2 NAME		JOHN L HUMPINGER	a : _	
STREET ADDRESS			2.3 STREE	TADDRESS	3875W SALERWOLLING		
CITY-ST-ZIP			2. 4 CITY-	ST-ZiP	57WART, IL 3499 /	Clobana Clad	مرم لوالم ام
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Ad	מטמוטט
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4 CITY-	ST-ZIP			
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NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Ad	ddition
NAME			5.2 NAME				
			5.3 STREE	TADDRESS			
STREET ADDRESS			5.4 CTY-]			
CITY-ST-ZIP			6.1 TITLE	,. <u>u</u>		☐ Change ☐ Ad	ddition
TITLE		_ bccele	6.2 NAME	-			
NAME				TADODESC			
STREET ADDRESS				TADDRESS			1
C(TY-ST-ZIP			6.4 CITY-S		Lin Section 110 07/2\/ii) Florida Statutos I further ce	aif , shaa sha lafaaa	tion
44 15		tab this filles were not available for t	·		um Contino 110 07/23/61 Morida Statutae 1 turbat ca	mru that the intormati	

Interept certify that the information supplied with this filling does not quality for the exemption stated in Section 118.07(3)(f), Fronda Statutes. Further centry 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, with all other like empowered.

SIGNATURE: