## 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 # P98000058623

1. Corporation Name

ADORABLE DOLL CREATIONS, INC.

Principal Place of Busines	S
8800 N. US 1. STE. 3	

Mailing Address

P.O. BOX 690221

**FILED** 

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90226 043 \*\*\*150.00

WABASSO FL 33258			DO NOT WRITE IN THIS SPACE		
32958			3. Date Incorporated or Qualifed		
			06/25/1998		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		65 0849737	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27		<u> </u>		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 32958 Country 25	Zip Co 29 30	ountry	<ol><li>This corporation owes the current year Personal Property Tax.</li></ol>	Intangible	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
FAIRAND, ROSEMARY P 8800 N. US 1, STE. 3 WABASSO FL 33258 3 Z 95 8		81 Name			
		82 Street Add	Street Address (P.O. Box Number is Not Acceptable)		
		83	·		
		84 City	· F	85 Zip Code	
11 Pursuant to the provisions of Sections 607 0	502 and 607 1508 Florida Statutes, the	above-named corp	poration submits this statement for the purpose	of changing its registered	

replaced to the provisions of Sections 607,0002 and 607,1006, Fibrida Statutes, the appointment of the provisions of Section 607,0002 and 607,1006, Fibrida 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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. [ ] Change Addition □ DELETE 1.1 TITLE TITLE FAIRAND, ROSEMARY P 1.2 NAME NAME 1905 SIXTY OAKS LANE 1.3 STREET ADDRESS STREET ADDRESS VERO BEACH FL 32966 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ OELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 with all other like empowered.

SIGNATURE:

CR2E034 (11/98)