

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 # P98000059739

1. Corporation Name
CERAMIC FANTASIES, INC.

Principal Place of Business
13400 S. CLEVELAND AVE., UNIT 203
FORT MYERS FL 33907

Mailing Address
13400 S. CLEVELAND AVE., UNIT 203
FORT MYERS FL 33907

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90015 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1998

4. FEI Number

65-0847838

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

Yes No

2. Principal Place of Business
21 3675 LIBERTY SQUARE

2a. Mailing Address
26 3675 LIBERTY SQUARE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 FORT MYERS FL

27 City & State
28 FORT MYERS, FL

24 Zip
25 FL 33908 Country
26 US

29 Zip
30 33908 Country
31 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGSTON, BILLIE
13400 S. CLEVELAND AVE.
FORT MYERS FL 33907

81 Name
STILPHEN, BILLIE

82 Street Address (P.O. Box Number is Not Acceptable)
3675 LIBERTY SQUARE

83

84 City
FORT MYERS FL 85 Zip Code
33908

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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
Signature, typed or printed name of registered agent and title if applicable.

BILLIE STILPHEN

(NOTE: Registered Agent signature required when reinstating)

3/9/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P/T/S
STILPHEN, BILLIE
3675 LIBERTY SQUARE
FORT MYERS, FL 33908

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

V/P
LOUTZEN HIZAR, FRED
3675 LIBERTY SQUARE
FORT MYERS, FL 33908

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: BILLIE STILPHEN 3/9/99 941-454-5831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)