

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

**FILED**

00 JAN -6 PM 2:07

SECRETARY OF STATE



DOCUMENT # **P98000064538**

1. Corporation Name  
**S&S CREATIONS, INC.**

Principal Place of Business 669 KINGSLEY AVE. ORANGE PARK FL 32073	Mailing Address 669 KINGSLEY AVE. ORANGE PARK FL 32073
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/16/1998**

4. FEI Number  
**59-3524302**

Applied For	Not Applicable
<b>\$8.75</b> 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	2a. Mailing Address
21 <b>11396 Kittrell Ln.</b>	26 <b>11396 Kittrell Ln.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>Jacksonville, FL</b>	28 <b>Jacksonville, FL</b>
Zip Country	Zip Country
24 <b>32220</b> 25 <b>U.S.</b>	29 <b>32220</b> 30 <b>U.S.</b>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICHAEL, JOAN D**  
669 KINGSLEY AVE.  
ORANGE PARK FL 32073

81 Name	<b>Michael Spencer</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>11396 Kittrell Ln.</b>
83	
84 City	<b>Jacksonville</b>
FL	85 Zip Code <b>32220</b>

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPENCER, MICHAEL</b>	1.2 NAME	<b>Spencer, Michael</b>
STREET ADDRESS	<b>85 DEBARRY AVE.</b>	1.3 STREET ADDRESS	<b>11396 Kittrell Lane</b>
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32220</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEATON, JEFFREY</b>	2.2 NAME	
STREET ADDRESS	<b>85 DEBARRY AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**600003095436--0**  
**-01/12/00--01009--006**  
**\*\*\*750.00 \*\*\*750.00**

**REINSTATEMENT 99 78**

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: *Michael Spencer* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99 (904) 415-1165  
Date Daytime Phone