AMOUNT DUE ON OR BEFORE 89115/99: \$550 (IF DISSOLVED, MIRIMUM AMOUNT DUE TO KEIN

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Jul 15, 1999 8:00 am Secretary of State 07-15-1999 90003 028 ***150.00

DOCUMENT #

1. Corporation Name P98000102833

INENE!	s plant designs & crea	TIONS, INC.		S. IBANAAN AND MARKET BUTT BUTT	
Did since Discount	a of Bushapa	Mailing Address	_ 		i BBRIT MEERZ KIRIT BRUTH HAND LAKEN KILBE KILL HOEZ
Principal Place 144 AVE B SV		Mailing Address 144 AVE B SW			
WINTER HAVEN FL 33830 WINTER HAVEN FL 33830			1		
					RITE IN THIS SPACE
,				3. Date Incorporated or Qualifie	rd (
				12/08/1998	
	lace of Business	2a. Mailing Address		59-354706	Applied For Not Applicable
21		26		37+331700	\$8.75 Additional
Suite, Apt,	#, etc. ~	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & Stat	Δ	City & State		6. Election Campaign Financing	
23	<u>-</u>	28 WW151 HAV	ion, FL	Trust Fund Contribution	Added to Fees
Zio	Country	Zin	Country	8. This corporation owes the cu	rrent year
Zip 3 3 8	5 &O 25	29 33880 3	90	Intangible Personal Property.	
	9. Name and Address of Current	Registered Agent		19. Name and Address of New	Registered Agent
CH	ADMAN MAKES A		81 Name		
	APMAN, JAMES A GOLF COURSE PARKWAY		82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)	
	/ENPORT FL 33837				
DA.	TENTON 12 33031		83 304	NIBHUK CIR	Cl C
			84 City	Stor Have,	FL 85 Zip Code /
11. Purement	to the provisions of sections 607.0502	and 607 1508 Florida Statutes	13. 3.2	the same the state state and the same	hendelper et anionede la geneue
	to the provisions of additional borrodoc	of Florida, Such change was sui	theread by the companie	ion's board of directors 1 becally acc	ept the appointment as registered
office or	registered agent, or both, in the State	Home of parties #07 0505. Flore	de Statistes	ons don't or directors. Thoroby see	- 1/ 01
office or agent 1	to the provisions of sections 607.0502 registered agent, or both, in the State and familiar with, and accept the obliga-	tions of section 107.0505, Flori	da Statutes.		7-4-95
office or agent 1 a SIGNATORE	Signature, typed or printed name of inflatored agent	and title if application (NOTE	da Statutes. E: Registered Agent signature requ	uked when reinstating)	DATE
office or agent is SIGNATURE	Sphelure, typed of printed name of inflatered egent OFFICERS AND	and title if application (NOTE	Registered Agent signature req. 13.	uked when reinstating)	DATE FFICERS AND DIRECTORS IN 12
SIGNATURE	Spreture, typed of printed name of relationed eigent OFFICERS AND	and title if application (NOTE	E: Registered Agent signature req. 13.	uked when reinstating)	DATE
SIGNATURE 12. TITLE NAME	Spiniture, typed of printed name of registered eigent OFFICERS AND D CHAPMAN, JAMES A	and size if applicable (NOTE D DIRECTORS	E: Registered Agent signature req. 13. 1.1 TITLE 1.2 NAME	uked when reinstating)	DATE FFICERS AND DIRECTORS IN 12
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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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an adgress.

SIGNATURE: