

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**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90012 038 \*\*\*150.00

DOCUMENT # **D9800106500**

1. Corporation Name

**INNOVATIVE CREATIONS AND FINE DESIGNS, INC.**

**D9800106500**

Principal Place of Business

Mailing Address

**12298 WILES ROAD  
CORAL SPRINGS, FLORIDA 33076**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12-21-98**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

**65-0883157**

Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

23. Zip

28. Zip

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

24. Country

29. Country

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

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GERALD V. WALSH  
9500 N.W. 37th COURT  
CORAL SPRINGS, FLORIDA 33065**

81. Name

**ROBERT BURNS**

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

**12298 WILES ROAD**

83. City

**CORAL SPRINGS**

84. Zip Code

**FL 33076**

85. Zip Code

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

*Robert Burns*

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 ☐ DELETE  
NAME **PRES. & DIRECTOR**  
STREET ADDRESS **ROBERT BURNS**  
CITY-ST-ZIP **3959 N.W. 73rd WAY**  
**CORAL SPRINGS, FLORIDA 33065**

11. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **SECRETARY**  
STREET ADDRESS **FELISHA BURNS**  
CITY-ST-ZIP **3959 N.W. 73rd WAY**  
**CORAL SPRINGS, FLORIDA 33065**

12. NAME ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

15. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

16. 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)(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:

*Robert Burns*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-99 755-4955**

Date

Daytime Phone #

CR2E034 (11/98)