FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business

POMPANO BCH. FL 33064

4141 NE 16TH AVE.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(0)

Mailing Address

4141 NE 16TH AVE.

POMPANO BCH. FL 33064

PEAC

EFUL	WARRIOR	CREATIONS,	INC.

FILED May 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

				05/19/1992		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0338743	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	Δ	City & State		6 Floring Connection Floring		
├ ── `		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zφ	Country	8. This corporation owes or has paid the c		
24	26	29	30	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	1 Agent	
JOHNSON, ERIC 4141 NE 16TH AVE. POMPANO BCH. FL 33064			<u> </u>	82 Street Address (P.O. Box Number is Not Acceptable)		
			63			
			84 City	F!	85 Zip Code	
office or r agent. Fa SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, based or protest name of registered as	e of Florida. Such change wa gations of, Section 607.0505,	is authorized by the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the apparent of the purpose statement for the purpose ration's board of directors. I hereby accept the apparent forms the purpose of the purpose ration is a purpose of the purpose o	of changing its registered appointment as registered	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TITLE	D OFFICERS AF	DELETE	11 TITLE	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition	
NAME	JOHNSON, ERIC	Em pecerie	1.2 NAME		C citalgo C redition	
STREET ADDRESS	4141 NE 18TH AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BCH. FL 33064		1.4 CITY-ST-ZIP			
TITLE	1 0 111 111 111 111 111 111 111 111 111	DELETE	2 1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE		DELETE	31 TITLE		Change Addition	
NAME			32 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME		·	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			8.4 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.

SIGNATURE:

954-784835