

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

CORPORATION ANNUAL REPORT 1995-27-95



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

B 4726 NC

95 APR 27 PM 2:11

**DOCUMENT # 439968 (9)**

1. Corporation Name  
**CREATIVE JEWELRY BY KEMPF, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 236 5TH AVE. INDIALANTIC FL 32903

Mailing Address: 236 5TH AVE. INDIALANTIC FL 32903

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

26. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: 11/15/1973

3a. Date of Last Report: 04/28/1994

4. FEI Number: 59-1495145 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**KEMPF, DAVID W  
689 HAWKSBILL ISLAND RD  
SATELLITE BEACH, FL  
32937**

10. Name and Address of New Registered Agent

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City FL 05 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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMPF, DAVID W	12. NAME	
STREET ADDRESS	689 HAWKSBILL ISL DR	13. STREET ADDRESS	
CITY, ST, ZIP	SATELLITE BCH FL	14. CITY, ST, ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 maintain this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: David W. Kempf *David W. Kempf* 4/24/95 - 407-224-5830  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OF DIRECTOR OR DIRECTOR