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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	439	19	ദെ
4 6 6		TV		-

1. Corporation						
CREATIV	'e Jewelry by Kempf, in	C.				
Principal Place	of Business	Mailing Address				
236 5TH AVE. 236 5TH AVE.		·				
INDIALANTIC FL 32903 INDIALANTIC FL 32903		DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed		
				11/15/1973		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	<u> </u>	lied For
21		26		59-1495145		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad	
22		27		<u> </u>	Fee Req	
City & State	е	City & State		6. Election Campaign Financing	\$5.00 M Added to	•
23		28	Country	Trust Fund Contribution		rees
Zip	Country	Zip	30	 This corporation owes the current year In Personal Property Tax. 		X No
24	9. Name and Address of Curren	t Pagistared Agent	1301	10. Name and Address of New Registered		
	9. Name and Address of Curren	t Negistered Agent	81 Name			
KEM	PF, DAVID W			(D.O. D. Marian)		
	LANSING ISLAND DR.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
INDI	AN HARBOR BEACH FL 32937		83			
					85 Zip Co	
			84 City	F	L 85 Zip Co	ode
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpose of	of changing its r	egistered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	iumorizea dy the comorati	on's board of directors. I hereby accept the app	ointment as regi	siereo
-	m partition with and decopt the conge.					
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE	: Registered Agent signature require			
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR Change	Addition
TITLE	PSD	☐ DELETE	1.1 TITLE		Change	
NAME	KEMPF, DAVID W		1.2 NAME			
STREET ADDRESS	152 LANSING ISLAND DR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	INDIAN HARBOR BEACH FL	☐ DELETE	1.4 CITY-ST-ZIP		Change	Addition
TITLE		□ bereie	2.1 TITLE			
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	-	Change	Addition
TITLE			3.2 NAME		_ •	_
NAME			3.3 STREET ADDRESS			
STREET ADDRESS			3.4. CITY-ST-ZIP			
CITY+ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME	•		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
			4.4 CITY-ST-ZIP			
CITY-ST-ZIP		☐ 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 ADORESS			6.3 STREET ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

407-724-5820