FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIV. OF CORPORATIONS
95 JUN 14 PM 3:32

DOCUMENT # 745188 (3)

1. Corporation Name

CREALDE ARTS, INC.

Principal Place of Business	Mailing Address
600 ST. ANDREWS BLVD. WINTER PARK FL 32792	600 ST. ANDREWS BLVD. WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1978
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1887887 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BAILEY, LEE
600 ST. ANDREWS BLVD
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: Peter Schreyer
82 Street Address (P.O. Box Number is Not Acceptable): 600 St. Andrews Blvd
83
84 City: Winter Park FL 85 Zip Code: 32789

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 X _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SCHORNAGLE, FRANK W III	12 NAME		
STREET ADDRESS	10706 SPRING BUCK TRAIL	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	PD	☑ Change ☐ Addition
NAME	HUGHES, LOUIS	22 NAME		
STREET ADDRESS	1461 VIA TUSCANY	23 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	SD	☑ Change ☐ Addition
NAME	RAY, LISA	32 NAME	JENNIFER OGGAY	
STREET ADDRESS	P.O. BOX 417 N/A	33 STREET ADDRESS	2615 Via Tuscany	
CITY-ST-ZIP	WINTER PARK FL 32790	34 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	STOUT, SHARI	42 NAME		
STREET ADDRESS	2185 N. PARK AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	DAMERON, RICHARD	52 NAME		
STREET ADDRESS	829 N. HYER STREET	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shari Stout 5/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SHARI STOUT

0032904