FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
May 01 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified: **12/11/1978**
3a. Date of Last Report: **06/14/1995**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHREYER, PETER
600 ST ANDREWS BLVD
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ Peter Schreyer 4/30/96
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	PD	☐ DELETE	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	HUGHES, LOUIS		1.2 NAME	SCHORNAGLE III, FRANK	
STREET ADDRESS	1461 VIA TUSCANY		1.3 STREET ADDRESS	10706 SPRINGBUCK TRAIL	
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	SD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	DEERY, JENNIFER		2.2 NAME	DAMERON, RICHARD	
STREET ADDRESS	2615 VIA TUSCANY		2.3 STREET ADDRESS	829 N. HYER STREET	
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	TD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STOUT, SHARI		3.2 NAME		
STREET ADDRESS	2185 N. PARK AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAMERON, RICHARD		4.2 NAME		
STREET ADDRESS	829 N. HYER STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		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	500001828365	
TITLE		☐ DELETE	6.1 TITLE	-05/20/96--01024--010	☐ Change ☐ Addition
NAME			6.2 NAME	***61.25	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Frank W. Schornagle III Frank W. Schornagle, III $?#)?(¢
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #