## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

765335 DOCUMENT #

1. Corporation Name

(5)

FLORIDA CREATIVE SCIENCE AND TECHNOLOGY CENTER.

Principal Place of Business Mailing Address										
						. 104 144.8 \$114. \$1148 11148 [113. 8				
5517 JACKSO HOLLYWOOD		5517 JACKSON STREE HOLLYWOOD FL 3302								
						3. Date Incorporated or Qualified 10/06/1982		te of Last 02/15/1		
2. Principa! Pl	2a. Mailing Address	Mailing Address			E0 0040400			Applied For		
21 26 Suite. Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional				
22 27						5. Certificate of Status Desired Fee Required				
City & State City & State 28						Election Campaign Financing     Trust Fund Contribution				
<b>Z</b> ip	Country	7ip	Соц	intry		This corporation has liability for In	tangible ta			
24	25	25 29		30		Florida Statutes				
	9. Name and Address of Curre	ent Registered Agent		241		10. Name and Address of New Re	gistered .	Agent		
				81	Name					
Davis, Stephen a 5517 Jackson Street Hollywood Fl 33021				82	Street Addr	Address (P.O. Box Number is Not Acceptable)				
				83						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84	City			<b>85</b> Zi	o Code	
				1	•		<u>FL</u>	.		
or register familiar w	red agent, or both, in the State of Flo ith, and accept the obligations of, Se	du.				ation submits this statement for the purp of directors. I hereby accept the appoi	ntment as	registered /96	agent. I am	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Re					t signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS. ANI	DIBECTO	DRS IN 12	
12.	PD OFFICENS A	DELETE	13. 1.1 T	1.1 TITLE		ABOTHORIS OF MICE OF OTTI		☐ Change	Addition	
NAME	DAVIS, STEPHEN A.	_	1.2 N	IAME						
STREET ADDRESS	5517 JACKSON STREET		1.3 S	TREET	ADDRESS					
C-TY-ST-ZIP	HOLLYWOOD FL			ITY-S	T - ZIP			Chann	Addition	
11tLE	VD	DELETE	217					☐ Change	☐ Addition	
NAME	MARTEL, HENRY J. 1520 N.W. 114TH AVE.			IAME TOCCT	ADDRESS					
STREET ADDRESS CITY-ST-ZIP	PEMBROKE PINES FL				ST - ZIP					
TITLE	SD	DELETE	317					Change	Addition	
NAME	SINGER, ROSE		321	AME	ļ					
STREET ADDRESS	6565 COLLINS AVE., #445				ADDRESS					
CITY ST-ZIP	MIAMI BCH. FL	DELETE			ST-ZIP			Change	Addition	
TITLE	SD CULMER, DARLA	Pacrete		IITLE Name				C CHANGE		
NAME STREET AUDRESS	COLCO MINE COTHERN				ADDRESS					
CITY-ST-ZIP	MIAMI FL			CITY-S						
THLE		DELETE		TITLE				Change	Addition	
NAME			521	NAME						
STREET ADDRESS			53	STREET	ADDRESS					
CITY-ST-ZIP					ST-ZIP			Chare	Additio-	
TITLE		DELETE		TITLE	İ			Change	Addition Addition	
NAME				NAME						
STREET ADDRESS					ADORESS					
CITY-ST-ZIP	<u> </u>		6.4	CITY - S	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 on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 (305) 989-6248
Devine Prove 4

a andere anne derne arena arena relas eren della bret della della della della della della della della