

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
www.flsos.state.fl.us

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**DOCUMENT # G06827 (1)**

95 JAN 17 PM 1:24

**CREATIVE FOLIAGE, INC.**

(Type or Write in This Space)

2. Filing Year		2a. Mailing Address		3. Effective Date of Amendment		3b. Date of Last Report	
1995		6235 S W 113 STREET MIAMI FL 33156		10/27/1982		03/16/1994	
21. Filing Fee	26. Mailing Address	4. Fil Number		Applied For		Not Applicable	
		59-1381820					
22. Certificate of Status	27. Certificate of Status	5. Certificate of Status Required		\$8.75 Additional Fee Required			
		<input type="checkbox"/>					
23. Election Campaign Financing	28. Election Campaign Financing	6. Election Campaign Financing		\$5.00 May Be Added to Fees			
		<input type="checkbox"/>					
24. Florida Statutes	29. Florida Statutes	30. Florida Statutes		8. The corporation has liability for intangible tax under § 199.10, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JONES, DAVID L 6235 S.W. 113 ST. MIAMI FL 33156				B1	Name		
				B2	Street Address (Do Not Include P.O. Box or Apartment)		
				B3	City		
				B4	State		
				FL	B5 Zip Code		

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office as required by law in the State of Florida and that the change was authorized by the directors of the corporation. I hereby accept the appointment as registered agent of said corporation and accept the responsibility for the corporation's compliance with the provisions of the Florida Statutes.

12. FILING BY APPOINTED AGENT

12. FILING BY APPOINTED AGENT	13. ADDITIONAL CHANGES TO THE FILING	Change	Addition
NAME: JONES, DAVID	NAME	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS: 6235 SW 113TH STREET	STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
CITY: MIAMI FL	CITY	<input type="checkbox"/>	<input type="checkbox"/>
	STATE	<input type="checkbox"/>	<input type="checkbox"/>
	ZIP CODE	<input type="checkbox"/>	<input type="checkbox"/>
	PHONE NUMBER	<input type="checkbox"/>	<input type="checkbox"/>
	TELEFAX NUMBER	<input type="checkbox"/>	<input type="checkbox"/>
	SECURITY NUMBER	<input type="checkbox"/>	<input type="checkbox"/>
	SECURITY NUMBER	<input type="checkbox"/>	<input type="checkbox"/>
	SECURITY NUMBER	<input type="checkbox"/>	<input type="checkbox"/>
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	SECURITY NUMBER	<input type="checkbox"/>	<input type="checkbox"/>
	SECURITY NUMBER	<input type="checkbox"/>	<input type="checkbox"/>
	SECURITY NUMBER	<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, certify that the information reported on this change is correct, true and accurate, and that I am qualified to act as registered agent for the corporation. I hereby certify that the change is required by law in the State of Florida and that the change was authorized by the directors of the corporation. I hereby accept the appointment as registered agent of said corporation and accept the responsibility for the corporation's compliance with the provisions of the Florida Statutes.

SIGNATURE: *David L. Jones* David L. Jones President 1-8-95 (302) 662-7114