

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L15101** (3)

1. Corporation Name
CREIGHTON AND ASSOCIATES, INC.



Principal Place of Business 601 S ANDREWS AVE SUITE 200 FT. LAUDERDALE FL 33301 US	Mailing Address 601 S ANDREWS AVE SUITE 200 FT. LAUDERDALE FL 33301-2833 US
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3. Date Incorporated or Qualified 09/11/1989	3a. Date of Last Report 08/01/1996
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2. Principal Place of Business 21 1200 SW 3RD ST Suite, Apt. #, etc. 22 201 City & State 23 POMPANO BEACH FL Zip 24 33069 Country 25 BROWARD	2a. Mailing Address 26 1200 SW 3RD ST Suite, Apt. #, etc. 27 201 City & State 28 POMPANO BEACH FL Zip 29 33069 Country 30 BROWARD
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4. FEI Number 65-0142156	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**CREIGHTON, PETER G.
601 S ANDREWS AVE
SUITE 200
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent	
81 Name CREIGHTON PETER G	
82 Street Address (P.O. Box Number is Not Acceptable) 1200 SW 3RD ST	
83 SUITE 201	
84 City POMPANO BEACH	85 Zip Code FL 33069

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:  **PETER G. CREIGHTON** 1/7/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME CREIGHTON, PETER G.	
STREET ADDRESS 119 NE 19TH COURT #218G	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE SECRETARY	<input type="checkbox"/> DELETE
NAME GLO MINOR	
STREET ADDRESS 119 NE 19TH CT #218G	
CITY-ST-ZIP FT. LAUDERDALE FL 33305	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  **PETER G. CREIGHTON** 1/7/97 954 9412410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)