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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000001350 (4)

CREAT	VE GIFT CONSULTANTS,	INC.							
Principal Plac	c of Business	Mailing Address							iii 40 ii 1 00 i
106 LAGUNA CT. SANFORD FL 32773		106 LAGUNA CT. SANFORD FL 32773				DO NOT WRITE	IN THIS SI	PACE	
						3. Date Incorporated or Qualified 01/01/1995	IN THIS ST	ACE	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		oplied For
Suite, Apt	# atc	Suite, Apt #, etc.		·		59-3289193			ot Applicable Additional
2	#, etc	27				5. Certificate of Status Desired			Additional equired
City & State	9	City & State				8. Election Campaign Financing			May Be
Zip	Country	28	7 -	Country		Trust Fund Contribution	<u> </u>		to Fees
1 Zip	25	29	30	Country		This corporation owes or has pair Personal Property Tax due June	_		langible No
<u>'i</u>	9. Name and Address of Curre		130			10. Name and Address of New Rec			
	B LAGUNA CT. NFORD FL 32773			82 83	Street Add	dress (P.O. Box Number is Not Acceptab	ie)		
				84	City		FL	1	Code
11. Pursuant office or r agent La	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	02 and 607.1508, Florida St e of Florida Such change w pations of, Section 607.0505	atutes, th vas autho , Ftorida	e above rized by Statutes	e-named cor the corpora s.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of o	hanging i	ts registered registered
SIGNATURE	Stgnature, typed or printed name of registered as	neal and the diagonicable ((NOTE: Flori	stored Acc	ot signature regi	uired when rejnstating)	DATE		
12.		ID DIRECTORS		13.	an organization	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	DPV	DELETE		1.1 TITLE				Change	Addition
IAME	COOPER, MELODIE A		1	1.2 NAME					
STREET ADDRESS	108 LAGUNA CT.			1.3 STREET	ADDRESS				
CITY-ST-ZIP	SANFORD FL 32773			1.4 CITY - S	T- ZIP				
ITLE	\$T	☐ DELETE		2.1 TITLE			[Change	Additio
IAME	COOPER, MELODIE A			22 NAME					
STREET ADDRESS	106 LAGUNA CT.		[:	23 STREET	ADDRESS				
CITY-ST-ZIP	SANFORD FL 32773			2. 4 CITY-	ST-ZIP		г	Change	Addition
TATLE		L) OLLEIE	1	3.1 TITLE		*	" L	unange	☐ Maditio
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET					
CITY-ST-ZIP TITLE		DELETE		3.4. CITY-: 4.1 TITLE	51-ZIP	· · · · · · · · · · · · · · · · · · ·	— 	Change	Addition
1166							L		

CITY-ST-ZIP 14. Thereby 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 arrural 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 chapter 607.

4.1 TITLE

4. 2 NAME

51 TITLE 5.2 NAME

6.1 TŧTLE

6.2 NAME

43 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

44 CITY-ST-ZIP

DELETE

DELETE

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

407-324-7311

Addition

Addition

FILED

Mar 02 1998 8:00am

Secretary of State