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
DOCUMENT #

SIGNATURE:

N46914

(0)

CREAT	E, INC.				
Principal Place of Business Mailing Address					/ (C)
428 W TENNESSEE ST TALLAHASSEE FL 32301		224 N MARTIN L KING BLVD TALLAHASSEE FL 32301			
				3. Date Incorporated or Qualified 01/21/1992	3a. Date of Last Report 03/02/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3118145	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City P State			Fee Required
23	•	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation has liability for int	Added to Fees
24	25	29	30		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	
			81 Name		
CARTER, MATTHEW M II 82 Street Address				ess (P.O. Box Number is Not Acceptable	1
224 N MARTIN L KING BLVD			Oli Col Fied	(.c. Dok Hornou to Hor Hoodpland)	,
TALLAH/	ASSEE FL 32301		83		
			84 City		85 Zip Code
					FL T
11. Pursuant to	o the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the above-named corporated by the corporation's boar	ation submits this statement for the purpord of directors. I hereby accept the appoin	ose of changing its registered office
familiar wit	h, and accept the oligations . S.	on 617.0505, Florida statutes	ed by the corporation's boar	d of directors, thereby accept the appoint	arnent as registered agent. I am
SIGNATURE	(100 PK)	14 MAT	THEN M. CARTE	se It	129/96
12.	Signature, types or resistant registeren og		TE: Registered Agent signature required		DATE
TITLE	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	HOLMES, R B JR		1.2 NAME		C ovarige
STREET ADDRESS	2300 MONACO DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP		
TITLE	SD	DELETE	21 TITLE		☐ Change ☐ Addition
NAME	CARTER, MATTHEW M II	•	2.2 NAME		_ , _
STREET ADDRESS	1310 CHOWKEEBIN NENE		2.3 STREET ADDRESS		
CITY-ST-7IP	TALLAHASSEE FL		2. 4 CITY - ST - ZIP		
TITLE	TD	DELETE	3.1 TITLE		Change Addition
NAME	CANUP, EDWARD		3.2 NAME		
STREET ADDRESS	217 N. MONROE STREET		3.3 STREET ADDRESS		
CITY-S1-ZIP	TALLAHASSEE FL		3.4. CITY-ST-ZIP		
TATLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP		FI Change D Addition
NAME			5.1 TITLE		Change Addition
			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		Ti cuando Ti vodicion
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do hereb	y certify that the information supplied w	vith this filing is voluntarily furr	ished and does not qualify for	or the exemption stated in Section 119.0	7(3)(k), Florida Statutes. I further
certify that	the information indicated on this annu-	al report or supplemental ann	ual report is true and accurat	te and that my signature shall have the sa s report as required by Chapter 617, Flori	ame legat effect as if made under

T MATTHEW M. CARTER II 1/21/86 (ROD) 224-4/00