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

WILLIAM

FLORENCE

PROFIT FLOR DA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** 382751 (6)Corporation Name CREATIVE INVESTMENT SERVICES, INC. Principal Place of Business Mailing Address 3081 SALZEDO ST.#303 3081 SALZEDO ST..#303 **CORAL GABLES FL 33134** CORAL GABLES FL 33134 3. Date Incorporated or Qualified 3a. Date of Last Report 05/24/1971 03/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1354588 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιο Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FLORENCE, WILLIAM I. Street Address (P.O. Box Number is Not Acceptable) 82 3081 SALZEDO ST STE #303 CORAL GABLES FL 33134-3734 яз 84 City Zip Code Pursuant to the provisions of Sections 607,0502 and 607,1508, Florica Statutes, the above named corporation submits this statement for the purpose of changing its 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 an accept the obligations of, Section 607,0505, Florida Statutes. Signature, typed or printed havine of registered agost and this diappin in (NOTE: Regelers LAjert squature required when receiving) 12 OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THILE TT DELETE \* 1 THEF Change Addition FLORENCE, WILLIAM I. NAME 1.2 NAME 3081 SALZEDO ST STE #303 STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL CITY - ST - ZIP 14 CITY - \$1 - 719 TITLE DELETE 2 1 THEF Change Add-tion NAME TABB, SALLY J. 2.2 NAME 3081 SALZEDO ST.,#303 STREET ADDRESS 2.3 STREET ADORESS CORAL GABLES FL. CITY-ST-ZIP 2 4 CITY - ST - ZIP T:TLE DELETE 3 1 TIFLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - \$1 - ZIP TITLE DELETE 4 1 THELE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STEELT ADDRESS CITY-ST-ZIP 4.4 CITY S1-7F TITLE DELETE 5 1 DITLE Addition Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS. CITY - ST - ZIP 5 4 CITY - ST - ZIP TITLE DELITE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-SI-ZIP 7€ 4 CHY+S1 ZIP 14. I do hereby certify that the informat his filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under by this receiver or truster employees to execute this report as required by Chapter 607, Florida Statutes; and that my name certify that the information indicat oath; that I am an officer or direct appears in Block 12 or Block ohment with an ad dress SIGNATURE 4/08/96 305/444-9845 ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR