

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

FILED
May 06, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 430842

1. Corporation Name
CREATIVE IMAGES BY EL-MAX, INC.

Principal Place of Business
1321 W. HARVARD STREET
ORLANDO FL 32804

Mailing Address
1321 W. HARVARD STREET
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/19/1973

4. FEI Number
59-1170036

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2400 NW 68 TER
Suite, Apt. #, etc.

26 KATHY (WHITE) CURRY
Suite, Apt. #, etc.

22 GAINESVILLE, FL

27 3025 KINGSWAY RD

23 32606 Alachua

28 SEFFNER, FL

24 Zip Country

29 33584 30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

CURRY, SCOTT
1321 W HARVARD ST
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name KATHY WHITE CURRY
82 Street Address (P.O. Box Number is Not Acceptable)
3025 KINGSWAY RD
83 SEFFNER, FL 32606
84 City FL 85 Zip Code 33584

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 Kathy Curry KATHY CURRY

4/16/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	WOOD, ELAINE	2400 NW 68 TER	GAINESVILLE FL	<input type="checkbox"/>
VST	CURRY, SCOTT	1321 W HARVARD STREET	ORLANDO FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	DAME (WOOD) ELAINE			<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	DAME, MAX	2400 NW 68 TER	GAINESVILLE, FL 32606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST	KATHY WHITE	3025 KINGSWAY RD	SEFFNER, FL 33584	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I 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, with all other like empowered.

SIGNATURE: SPONATOR/NOT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99 352-377-4825
Date Daytime Phone #

CR2E034 (11/98)