FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN -7 AM 10:52

DOCUMENT # **521963** **(9)**

1. Corporation Name
CREATIVE BUILDERS OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
7411 114TH AVENUE NORTH SUITE 305 LARGO FL 34640	7411 114TH AVENUE NORTH SUITE 305 LARGO FL 34640

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/11/1977
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business	2a. Mailing Address
21 439 Haven Point Dr	26 439 Haven Point Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Treasure Island, Fl	City & State 28 Treasure Island, Fl
Zip 24 33706 Country 25 Pinellas	Zip 29 33706 Country 30 Pinellas

4. FEI Number: 59-1771848 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEIN, MILTON 439 HAVEN POINT DRIVE TREASURE ISLAND FL 33706	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	☐ Change ☐ Addition
NAME	STEIN, MILTON	12 NAME	
STREET ADDRESS	439 HAVEN POINT DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	STEIN, SHIRLEY	22 NAME	
STREET ADDRESS	439 HAVEN POINT DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	V ☑ Change ☐ Addition
NAME	DELL, JAMES A	32 NAME	JAMES A. DELL
STREET ADDRESS	1018 47TH AVE N	33 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL 33703	34 CITY-ST-ZIP	RETIRED
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Shirley Stein, Pres. 5-31-95 813-367-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0371833 CP