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Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

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

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

Principal Place of Business	Mailing Address
439 HAVEN POINT DR TREASURE ISLAND FL 33706 US	439 HAVEN POINT DR TREASURE ISLAND FL 33706 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1977

2. Principal Place of Business	2a. Mailing Address
21 8246 - 30TH AVE N.	26 8246 - 30TH AVE N.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ST PETERBURG. FL	City & State 28 ST. PETERSBURG
Zip 24 33710 Country 25 PINELLAS	Zip 29 33710 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: MILTON STEIN 82 Street Address (P.O. Box Number is Not Acceptable): 8246 30th AVE N. 83 84 City: ST PETERS BURG FL 85 Zip Code: 33710

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	PSTD	☐ DELETE	1.1 TITLE	PSTD.	☒ Change ☐ Addition
NAME	STEIN, SHIRLEY		1.2 NAME	SHIRLEY STEIN	
STREET ADDRESS	439 HAVEN POINT DRIVE		1.3 STREET ADDRESS	8246 30th AVE N.	
CITY-ST-ZIP	TREASURE ISLAND FL		1.4 CITY-ST-ZIP	ST PETERS BURG, FL 33710	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Shirley Stein 2/3/98 813-343-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #