

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State
 07-08-1999 90005 033 ***150.00



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

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # 526184
 1. Corporation Name
CREATIVE PLASTICS, INC.



Principal Place of Business Mailing Address
 5016 N. RENELLIE DR. 5016 N. RENELLIE DR.
 PO BOX 260365 PO BOX 260365
 TAMPA FL 33685 TAMPA FL 33685

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/18/1977	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1734899	
24 Country		29 Country		30 Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JONES, ALBERT E. 6450 W. HILLSBOROUGH AVE. #25 PINE HAVEN CT. TAMPA FL 33614				81 Name JONES, ALBERT E.			
				82 Street Address (P.O. Box Number is Not Acceptable) 8014 W. HIAWATHA ST.			
				83			
				84 City TAMPA FL 85 Zip Code 33685			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JONES, ALBERT E. <input type="checkbox"/> DELETE	1.1 TITLE	PD JONES, ALBERT E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ALBERT E.	1.2 NAME	8014 W. HIAWATHA ST.
STREET ADDRESS	6450 W. HILLSBORO	1.3 STREET ADDRESS	TAMPA, FL
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL
TITLE	V JONES, FLOR <input type="checkbox"/> DELETE	2.1 TITLE	V JONES FLOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, FLOR	2.2 NAME	8014 W. HIAWATHA ST.
STREET ADDRESS	6450 W HILLSBOROUGH	2.3 STREET ADDRESS	TAMPA, FL
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL
TITLE	ST JONES, IVA LEE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, IVA LEE	3.2 NAME	
STREET ADDRESS	8631 QUARTZ AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Albert E. Jones (ALBERT E. JONES) July 1, 1999 (813) 885-4257

CR2E034 (5/99)

Creative Plastics Inc.

582897-9005-33

526184

FABRICATING. INJECTION MOLDING. LETTERS. SIGNS. SPECIALTIES

Mailing Address:
P.O.Box 260365
Tampa, Fla. 33685

Telephone Numbers:
Office (813)885-4257
Orders (813)884-8976

Shipping Address:
5016 N. Renellie Dr.
Tampa, Fla. 33614

Dept. of State
P.O.Box 1500
Tallahassee, Fl. 32302-1500

July 2, 1999

Dear Dept. of State

I did not receive the January notice, and am enclosing the \$150.00 as requested by your office. Thank you for taking your time over the telephone, and giving consideration to the "lost notice".

My wifes mother died a short time ago, and we received a letter from her several months after her passing. We were shocked when the letter arrived, so we know that letters and documents get lost and misplaced in the postal service.

We have never had this kind of lost mail before, so please understand that Creative Plastics is willing to be responsible for keeping up with all of its correspondence and timely payments.

P.S.

We have a new home address, so feel free to include it in the annual report, as indicated in section 13.

Respectfully Yours

Albert E. Jones

Albert E. Jones, Pres.
Creative Plastics, Inc.