

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90094 044 \*\*\*150.00

DOCUMENT # 622240

1. Corporation Name

CREATIVE BUSINESS AND REAL ESTATE INVESTMENTS CO

Principal Place of Business

6915 SW 57 AVE., STE. 210A (CORAL GABLES)  
P O BOX 1482  
SOUTH MIAMI FL 33143  
US

Mailing Address

6915 SW 57 AVE., STE. 210A (CORAL GABLES)  
P O BOX 1482  
SOUTH MIAMI FL 33143  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1979

4. FEI Number

59-1971088

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 10817 DOMINICO ST.  
Suite, Apt. #, etc.

2a. Mailing Address

26 10817 DOMINICO ST.  
Suite, Apt. #, etc.

22 ORLANDO FL  
City & State

27 ORLANDO - FL  
City & State

23 32825 ORANGE  
Zip Country

28 32825 ORANGE  
Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

SCHROEDER, EDNA MAE  
6915 SW 57 AVE., STE. 210A (CORAL GABLES)  
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent

81 Name SCHROEDER, EDNA MAE  
82 Street Address (P.O. Box Number is Not Acceptable)  
10817 DOMINICO ST.  
83  
84 City ORLANDO FL 85 Zip Code 32825

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 [Signature] DATE [Date]  
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	
NAME	SCHROEDER, EDNA MAE	1.2 NAME	
STREET ADDRESS	6915 SW 57 AVE 210A	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4-15-99  
Signature and typed or printed name of signing officer or director. Date Daytime Phone # 305-661-4261

CR2E034 (11/98)