Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90219 027 ***150.00

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

DOCUMENT # 663258

1. Corporation Name CREATIVE CONSTRUCTION OF PALM BEACH, INC.						ALOU OKOK ALOU OKOK !	Bildir Breik kodi
	-						
Principal Place	·	Mailing Address			·		
890 N. FEDERAL HWY P.O. BOX 3001 APT 164 3 12 Latana FL 33465							
LATANA FL 33462 US					DO NOT WRITE IN THIS SPACE		
U\$					3. Date Incorporated or Qualifed		
					12/21/1979		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar	oplied For
21 26					59-2019182		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				-	5. Certificate of Status Desired		Additional
27						Fee Ke	equired
City & State City & State			•		6. Election Campaign Financing		
23		28	Countr		Trust Fund Contribution		to rees
Zip	— — — — — — — — — — — — — — — — — — —		_	8. This corporation owes the current year In Personal Property Tax.		ear intangible Yes	□No
24	25 29 30 9. Name and Address of Current Registered Agent		30		10. Name and Address of New Registered Agent		
	9. Name and Address of Curren	t Kegistered Agent	8.	1 Name	10. Hame and Address of New Region	<u></u>	
FLEC	CK, WILLIAM A., ESQ.						
1530 NORTH FEDERAL HIGHWAY			82	82 Street Address (P.O. Box Number is Not Acceptable)			
LAKE WORTH FL 33460			8:	3			
			Ľ	1	`-		
•			. 84	4 City		FL 85 Zip	Code
office or n agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was au	thorized by	y the corpor	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its appointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE:	Registered Ap	ent signature rec	quired when reinstating) . DA	TE.	 }
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	PUOLIMATKA, RAUNO		1.2 NAME				
STREET ADDRESS	896 N FEDERAL HWY		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	Lantana FL		1.4 CITY-	ST-ZIP			
TITLE	S	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	DIANA F. JACKSON		2.2 NAME	:			
STREET ADDRESS	896 N. FEDERAL HWY 125		2.3 STR				
_CITY-ST-ZIP	LATANA FL		2.4 CITY	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	1		☐ Change	☐ Addition
NAME			3.2 NAME	1			-
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3,4, CITY-		<u> </u>	- Chance	Addition
TITLE	,	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	ļ. : . , /,		4, 2 NAM				
STREET ADDRESS	,	•	4.3 STRE	ET ADDRESS			
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY-	t			- \ \ Addition
TITLE		☐ DELETE	5.1 TITLE	1		☐ Change	Addition
NAME			5.2 NAME	i			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		C BELETT	5.4 CITY- 6.1 TITLE			["] Chones	Addition
TITLE	G 5222.2		6.2 NAME			Change	☐ Madino()
NAME.			1				
STREET ADDRESS			6.3 STRE	ET ADDRESS			1

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP