

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F47002** (3)

1. Corporation Name

**CUSTOM CREATIVITY, INC.**

Principal Place of Business

Mailing Address

**C/O KENNETH N. JACOBY  
1423 SOUTH PATRICK DRIVE  
SATELLITE BEACH FL 32937**

**C/O KENNETH N. JACOBY  
1423 SOUTH PATRICK DRIVE  
SATELLITE BEACH FL 32937**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

**JACOBY, KENNETH N.  
1423 SOUTH PATRICK DRIVE  
SATELLITE BEACH FL 32937**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified  
**10/01/1981**

3a. Date of Last Report  
**04/25/1995**

4. FEI Number

**59-2132023**

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

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title in applicable

(If FEI Registered Agent Signature required, not required)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DP  
STILES, PALMER  
5580 N. HIGHWAY 1  
MELBOURNE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DT  
STILES, JOAN  
5580 N. HIGHWAY 1  
MELBOURNE FL**

TITLE

NAME

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