

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

FILED

Jan 27, 1999 8:00am  
Secretary of State

01-27-1999 90001 012 \*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F51052

1. Corporation Name

CREATIVE DESIGNS OF TODAY, INC.

Principal Place of Business

810 SE 8 AVE. STE B  
DEERFIELD BCH FL 33441

Mailing Address

824 S.E. 8TH AVE.  
DEERFIELD BEACH FL 33441  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1981

4. FEI Number

59-2199132

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHULMAN, JOE  
22770 ROYAL CROWN TER.  
BOCA RATON FL 33433

81 Name

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

83

84 City

FL

85 Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE S ☐ DELETE

NAME SCHULMAN, JOE  
STREET ADDRESS 22770 ROYAL CROWN TER.  
CITY-ST-ZIP BOCA RATON, FL 00000

13. 1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P ☐ DELETE

NAME SCHULMAN, FRED  
STREET ADDRESS 483 AUTUMN OAKS PL  
CITY-ST-ZIP LAKE MARY FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME SCHULMAN, CAREY  
STREET ADDRESS 402 WESLEY COVE  
CITY-ST-ZIP SALTILLO MS

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME SCHULMAN, SONIA  
STREET ADDRESS 22770 ROYAL CROWN TER.  
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME MONFORT, DEBBIE  
STREET ADDRESS 440 HENRY AVE  
CITY-ST-ZIP MANCHESTER MO

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)