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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 13 1997 8:00am

Secretary of State

305-743-8372

Sandra B. Mortham

Secretary of State
Division of Corporations

1997

SIGNATURE:

DOCUMENT # F9300004971 (8)

CREATIVE COMPUTER OF THE KEYS CORP.

Principlat Prove of Business: Mailing Address							
12685 OVERS		12685 OVERSEAS HWY. MARATHON FL 33050-3536					
WARRIETOTE I & VALOU		MINITALITY I E VAROUNDO			3. Date Incorporated or Qualified 3a. Date of Le 10/25/1993 04/29/19		
2. Principal Plan 9 of Plantons		2a. Mailing Address			4. FEI Number		Applied Fo
		26		51-0257443		Not Applica	
Suite April# etc. 2		Saite Apt #, etc.			5. Certificate of Status Desired See Regulr		
ି Chy & Shi 23	ue.	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	,	8. This corporation has fiability for it		
4	[25]	29	30			Yes 🔀	
	9. Name and Address of Curre	ent Hegistered Agent	81	Name	10. Name and Address of New Reg	jistered Age	nt
	RSMAN, JAMES A		0.	Tyaruc			
	B85 OVERSEAS HWY.		82 Street Ad		dress (P.O. Box Number is Not Acceptab	le)	
MA	RATHON FL 33050		83				
			84	City		FL 8	5 Zip Code
12.	OFFICERS A	ND OIRECTORS	13.	ni signature reci	ared when reasstating) ADDITIONS/CHANGES TO OFFIC		
'Hi:	P	☐ DEVETE	1.1 THILE			LJ	Change Add
NAME:	DORSMAN, JAMES A 12685 OVERSEAS HWY.		1.2 NAME	1000000			
STREET ADOPTED DEPT OF 741	MARATHON FL 33050		1.3 STREET 1.4 CITY - 5	1			
	S	DELETE	2 1 TITLE	71.211			Change Add
tiAME	DORSMAN, JUDY A		2.2 NAME				
SORFET A TODAL &	12685 OVERSEAS HWY.		2.3 STREE	ADORESS		-	
OBY SEZ	MARATHON FL 33050	DEIFIE	2 4 CITY-	ST-2IP			Character 1 Add
THE E NIGHT		L") but	3.1 TITLE 3.2 NAME			Ц	Change
ideach a úist a			3.3 STHEE	ADDRESS			
Oh 81 /			3.4. CHTY				
1.014		DELETE	4 1 THLE				Change Add
SAM:			4 2 NAME				
Special off off wa			4.3 STREE	ADDRESS			
Oly of yar		DELETE	4.4.CHY-1	ST-ZIP			Change
MAME MAME		CT outrit	5.1 TITLE 5.2 NAME			اسما	Change L_J A00
STEEL CALL DOES IN				I ADDRESS			
(a) 1 - 53 - 70			5.4 CITY-1				
10.13		DELETE	6.1 THLE				Change Add
NAME			6.2 NAME				
5400 F ADJ - 5 /5			6.3 STREE	ADDRESS			
				- 1			

14. To observing certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicates on this amount report or supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are an officer or true to refer to composition or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name