FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 21 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004266 (2)

1. Corporation Name
CREATIVE BLOW MOLD TOOLING, INC.

Principal Place of Business	Mailing Address
1050-C W. CENTRAL AVE. BREA CA 92621	1050-C W. CENTRAL AVE. BREA CA 92621

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/17/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 2913-J Saturn St.
22: Suite, Apt. #, etc.
23: City & State: Brea, CA
24: Zip: 92621
25: Country: ORANGE

2a. Mailing Address
26: 2913-J Saturn St.
27: Suite, Apt. #, etc.
28: City & State: Brea, CA
29: Zip: 92621
30: Country: ORANGE

4. FEI Number: 33-0056516 ☐ 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

9. Name and Address of Current Registered Agent

DENTON, MOLLY ANN
3049 DRANE FIELD RD.
SUITE 1
LAKELAND FL 33811

10. Name and Address of New Registered Agent

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: Molly A. Denton, MOLLY ANN Denton — DATE: 3/17/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	DENTON, D. DEAN	1.2 NAME		
STREET ADDRESS	1250 POST & PADDOCK RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	GRAND PRAIRIE TX 75050	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	STILES, MICHAEL T	2.2 NAME		
STREET ADDRESS	2350 N.E. INDEPENDENCE AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	LEE'S SUMMIT MO 64064	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	SECRETARY/TREASURER	☒ Change ☐ Addition
NAME	DENTON, MOLLY ANN	3.2 NAME	Denton, Molly Ann	
STREET ADDRESS	1050-C W. CENTRAL AVE.	3.3 STREET ADDRESS	2913-J Saturn St.	
CITY-ST-ZIP	BREA CA 92621	3.4 CITY-ST-ZIP	Brea, CA 92621	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	EISERT, LEO	4.2 NAME		
STREET ADDRESS	2350 N.E. INDEPENDENCE AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	LEE'S SUMMIT MO 64064	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Molly A. Denton, MOLLY Ann Denton — Date: 3/17/95 — Daytime Phone #: 714) 524-9961
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0402384 FP