

**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 # F94000004266 (2)**

1. Corporation Name

**CREATIVE BLOW MOLD TOOLING, INC.**



Principal Place of Business

2913-J SATURN ST  
BREA CA 92621  
US

Mailing Address

2913-J SATURN ST  
BREA CA 92621  
US

3. Date Incorporated or Qualified  
**08/17/1994**

3a. Date of Last Report  
**03/21/1995**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, Vice President/Secretary/Treasurer 4/12/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DENTON, D. DEAN	
STREET ADDRESS	1250 POST & PADDOCK RD.	
CITY-STATE-ZIP	GRAND PRAIRIE TX 75050	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STILES, MICHAEL T	
STREET ADDRESS	2350 N.E. INDEPENDENCE AVE.	
CITY-STATE-ZIP	LEE'S SUMMIT MO 64064	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DENTON, MOLLY ANN	
STREET ADDRESS	2913-J SATURN ST	
CITY-STATE-ZIP	BREA CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EISERT, LEO	
STREET ADDRESS	2350 N.E. INDEPENDENCE AVE.	
CITY-STATE-ZIP	LEE'S SUMMIT MO 64064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Earle Denton	
13 STREET ADDRESS	1017 GRAN PASEO DR.	
14 CITY-STATE-ZIP	ORLANDO, FL 32825	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

714) 524-9961

CR2E034 (12/95)