

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90177 013 ***150.00

DOCUMENT # F96348

1. Corporation Name

CREATIVE PROBLEM SOLVERS, INC.

Principal Place of Business

Mailing Address

1518 BROADWAY 6413 Deane Hill Dr
KNOXVILLE TN 37917 P.O. BOX 1072
US KNOXVILLE TN 37901
KNOXVILLE, TN 37919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1982

4. FEI Number

59-2275873

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KREIS, BONITA M
820 EAST PARKWAY
STUART FL 34996

81 Name

KREIS, BONITA M.

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

4000 North Federal Highway

83

Suite 206

84 City

Boca Raton

FL

85 Zip Code
33431

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

Bonita M. Kreis

BONITA M. KREIS

4/13/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CSD ☐ DELETE

NAME KREIS, BONITA M

STREET ADDRESS 1518 BROADWAY 6413 Deane Hill Dr

CITY-ST-ZIP KNOXVILLE TN 37917 Knoxville, TN 37919

TITLE PD ☐ DELETE

NAME KREIS, HAZEN H

STREET ADDRESS 1518 BROADWAY 6413 Deane Hill Dr

CITY-ST-ZIP KNOXVILLE TN 37917 Knoxville, TN 37919

TITLE VD ☐ DELETE

NAME KREIS, HAZEN H III

STREET ADDRESS 4384 NE SKYLINE DRIVE

CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE T ☐ DELETE

NAME LARSEN, BRADLEY L

STREET ADDRESS 820 EAST PARKWAY

CITY-ST-ZIP STUART FL 34996

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

6423 Deanehill Drive

1.4 CITY-ST-ZIP

Knoxville, TN 37919

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

6423 Deanehill Drive

2.4 CITY-ST-ZIP

Knoxville, TN 37919

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

4384 NE Skyline Drive

3.4 CITY-ST-ZIP

Jensen Beach, FL 34957

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a like empowered.

SIGNATURE:

Bonita M. Kreis BONITA M. KREIS 413/997-23-584-0157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)