Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90048 020 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G18473

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

CREAMY	/ RICH, IN	NC.									
Dringinal Place	e of Rusines	<u> </u>	M	ailing Address							EN BIBLION
5124 LITHIA SPGS RD 5124 LITHIA SPGS RD LITHIA FL 33547 LITHIA FL 33547							DO NOT V	VRITE IN THIS	SPACE		
US			05					3. Date Incorporated or Quali			
								12/28/1982			ļ
2. Principal P	lace of Busin	ess ———————————————————————————————————	2a.	Mailing Address	•			4. FEI Number		App	lied For
21	,		26	•				59-2347984		Not	Applicable
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.				5. Certifcate of Status Desire		\$8.75 A	
City & Stat	te		1	City & State				6. Election Campaign Financ	ng _	\$5.00	May Be
23			28					Trust Fund Contribution	, ia 🗆	Added to	
Zip		Country		Zip	Col	untry		8. This corporation owes the	current year In		
24	. [25	29		30			Personal Property Tax.			XNo
	9. Name	and Address of Curre	ent Regis	tered Agent		Ļ.,		10. Name and Address of Ne	w Registered	Agent	
D) (II)	LIDO AND	ninu.				81	Name				
	LIPS, AND					82	Street Ad	dress (P.O. Box Number is Not Acc	eptable)		
	4 LITHIA SE										
LIIH	IIA FL 3354	1				83					İ
						84	City		FL	85 Zip C	ode
44 Pursuant	to the provis	ions of Sections 607.05	502 and 6	07.1508, Florida Statu	ites, the a	above	-named co	orporation submits this statement for ation's board of directors. I hereby a	the purpose o	f changing its a intment as rec	registered (
office or r	registered ag im f <u>amili</u> ar wi	ent, or both, in the State ith, and accept the oblig	ations of	a. Such change was , Section 607.0505, Fl	lorida Stat	tutes.	tne corpora	and to be and the angle of the start of the	, , , , , , , , , , , , , , , , , , ,		,
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office or r	ım familiar wi	ith, and accept the oblic	ent and title	f applicable. (NOT	re: Registere	d Agen	•	uired when reinstating)	1/12/ DATE/	198	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 4