

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

FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G25302** (2)  
1. Corporation Name  
**CREATIVE ORNAMENTAL DESIGN, INC.**



Principal Place of Business  
**3120 S.E. DOMINICA TERR.  
STUART FL 34997  
US**

Mailing Address  
**3120 S.E. DOMINICA TERR.  
STUART FL 34997-5718  
US**

3. Date Incorporated or Qualified  
**02/23/1983**

3a. Date of Last Report  
**02/02/1996**

4. FEI Number  
**59-2259854**

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent  
**SALVANTE, RICHARD E., JR.  
1540 S.W. SUNSET TRAIL  
PALM CITY FL 33490**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALVANTE, RICHARD E., JR</b>	1.2 NAME	
STREET ADDRESS	<b>3120 S.E. DOMINICA TERR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STUART FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEDLIN, DUSTIN</b>	2.2 NAME	
STREET ADDRESS	<b>3120 S.E. DOMINICA TERR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STUART FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S./T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNA, NANCY</b>	3.2 NAME	
STREET ADDRESS	<b>2083 S.E. OPAL WAY</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STUART, FL. 34997</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD SALVANTE JR. PRES.**

DATE

Daytime Phone #

0472885

CR2E034 (9/96)