


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

FILED  
May 07 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 # <b>G42085</b> (2)		
1. CREATIVE EQUITIES CORP.		
Principal Place of Business 200 LAURA STREET P.O. BOX 240 JACKSONVILLE FL 32201-7240	Mailing Address 200 LAURA STREET P.O. BOX 240 JACKSONVILLE FL 32201-0240	



2. Principal Place of Business		2a. Mailing Address		3. 08/02/1993 Registered or Qualified	3a. 02/26/1996 Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. 09-1515481	Applied For
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.				10. Name and Address of New Registered Agent	
SIGNATURE				81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)				83	
84 City				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.

12. PD OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
NAME	200 LAURA STREET	13 STREET ADDRESS	14 CITY-ST-ZIP
STREET ADDRESS	JACKSONVILLE FL	21 TITLE	22 NAME
CITY-ST-ZIP	8	23 STREET ADDRESS	24 CITY-ST-ZIP
TITLE	TURNER, CLAUDIA S.	31 TITLE	32 NAME
NAME	1436 LEBARON AVE. #3	33 STREET ADDRESS	34 CITY-ST-ZIP
STREET ADDRESS	JACKSONVILLE FL	41 TITLE	42 NAME
CITY-ST-ZIP		43 STREET ADDRESS	44 CITY-ST-ZIP
TITLE		51 TITLE	52 NAME
NAME		53 STREET ADDRESS	54 CITY-ST-ZIP
STREET ADDRESS		61 TITLE	62 NAME
CITY-ST-ZIP		63 STREET ADDRESS	64 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

*Charles E. Commander* 4/28/97 (904) 396-2061  
E. COMMANDER

CR2E034 (9/96)