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FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **G66418** (6)
1. Corporation Name
CREATIVE MERCHANDISING & CONSULTING SERVICES, IN C.



Principal Place of Business

**1359 DEER LAKE CIRCLE
APOPKA FL 32712
US**

Mailing Address

**1359 DEER LAKE CIRCLE
APOPKA FL 32712
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **2139 St. Ives Court**
Suite, Apt. #, etc.
22
City & State
23 **Clermont, FL**
Zip Country
24 **34711** 25 **USA**

2a. Mailing Address
26 **2139 St. Ives Court**
Suite, Apt. #, etc.
27
City & State
28 **Clermont, FL**
Zip Country
29 **34711** 30 **USA**

3. Date Incorporated or Qualified

10/19/1983

4. FEI Number

59-2343225

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**DECARLO, VAL B.
1359 DEER LAKE CIRCLE
APOPKA FL 32712**

10. Name and Address of New Registered Agent

81 Name

Same

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

2139 St. Ives Court

83

84

City **Clermont**

FL

85 Zip Code **34711**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P DECARLO, MS. HELEN M**
STREET ADDRESS **1359 DEER LAKE CIRCLE**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ DELETE

NAME **T DECARLO, MS. HELEN M**
STREET ADDRESS **1359 DEER LAKE CIRCLE**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 119.07(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.

CR2E034 (10/97)