

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H12519**

(5)

1. Corporation Name

CREATIVE IMPORTS, INC.

Principal Place of Business

**3581 N FEDERAL HWY #210A
POMPANO BEACH FL 33064**

Mailing Address

**3581 N FEDERAL HWY #210A
POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1984

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2447593

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. 190.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

SWAN, JAMES

3581 N FEDERAL HWY #210A

SUITE 310

POMPANO BEACH FL 33064

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
SWAN, JAMES
3581 N FEDERAL HWY #210A
POMPANO BCH FL**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information presented on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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

JAMES B. SWAN

SWAN

April 18 95 305-785
Date Daytime Phone # **4798**