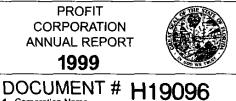
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 10, 1999 8:00 am Secretary of State

05-10-1999 90022 002 ***150.00

CREATIV	VE MANUFACTURING CON	IPANY, INC.				T CEANAIT BYEN HAND KANKA ARKIN KEHIN ANIH BYENT A	iên êlên êlêr	i (:1::)	
Principal Place of Business Mailing Address								. 61615 61611 1681	
% DONALD W. RIEDEL. II % DONALD W. RIEDEL. II 507 HIGHWAY 190 507 HIGHWAY 190									
VALPARAISO FL 32580 VALPARAISO FL 32580						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 08/31/1984			
Principal Place of Business 2a. Mailing Address						4. FEI Number	F	pplied For	
21 26						59-244 1980		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required	
City & Sta	te	City & State	- 			6. Election Campaign Financing Trust Fund Contribution		May Be	
Zip	Country	Zip	Cou	ntn				I to Fees	
24	25	29	30	.,.,		This corporation owes the current year Interpretation.	angible Yes	Mo	
	9. Name and Address of Curre		130			10. Name and Address of New Registered			
· · · · · · · · · · · · · · · · · · ·				81	Name	to lactic and state of the state of	-90/11		
RIEDEL, DONALD W., II 507 HWY 190				82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
	PARAISO FL 32580		ļ	83					
				84	City		85 Zip	Code	
			[City	FL	103		
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State of familiar with, and accept the oblig	e of Florida. Such change was a	authorized	by '	the corporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoir	changing it itment as r	s registered egistered	
SIGNATURE					•				
	Signature, typed or printed name of registered ag			Agen	nt signature required v				
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	DELETE 1.1				}		☐ Change	☐ Addition	
NAME	RIEDEL, DONALD W.			_					
STREET ADDRESS	VALDADAICO EL		1.3 STI	REET	ADDRESS				
CITY-ST-ZIP	100		1.4 CIT		T-ZIP				
TITLE			2.1 T/T				Change	Addition	
NAME	RIEDEL, DONALD W., II				ĺ				
STREET ADDRESS	VALDADAIGO EL		- 1		FADDRESS			j	
CITY-ST-ZIP			2. 4 C/I		T-ZIP				
TITLE			3.1 T/T		{		☐ Change	Addition	
NAME			3.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. CIT		T-ZIP		☐ Change	Addition	
NAME		□ vereic	4.1 TIII 4. 2 NA					- Youkini	
STREET ADDRESS					ADDRESS			}	
CITY-ST-ZIP TITLE			4.4 CIT 5.1 TITI		1-ZIP		☐ Change	Addition	
ì	}		5.1 III					T Vagurou	
NAME STREET ADDRESS					ADDRESS			}	
STREET ADDRESS			5.4 CIT						
CITY-ST-ZIP		☐ DELETE	6.1 TITE		- 6.11		Change	Addition	
NAME		C) DECEME	6.2 NA					C Addition,	
#10m					1			,	

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 changes, or on an attachment with an address, with all other like empowered.

6,3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

4-28-99 Date

850-678 6154 Davime Phone #