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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAY -1 AM 8:00

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **H47129** **(2)**

1. Corporation Name

~~CREATIVE COUNSELING ASSOCIATES, INCORPORATED~~

RADITZ CARPET INSTALLATION INC

| Principal Place of Business | Mailing Address |
|---|---|
| 103 E. LAUREN CT.<br>FERN PARK FL 32730 | 103 E. LAUREN CT.<br>FERN PARK FL 32730-2217 |

3. Date Incorporated or Qualified: 03/14/1995
3a. Date of Last Report: 03/14/1996

2. Principal Place of Business
21: 103E. Lauren Ct
22: Suite, Apt. #, etc.
23: City & State: Fern Park Florida
24: Zip: 32730-2217
25: Country: Seminole

2a. Mailing Address
26: Same
27: Suite, Apt. #, etc.
28: City & State: Same
29: Zip: Same
30: Country: Same

4. FEI Number: 54-1322836 ☐ 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

**9. Name and Address of Current Registered Agent**

DE LUDE, EDWARD G.
103 E. LAUREN COURT
FERN PARK FL 32730

**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

100002190901---4
-05/27/97--01016--001
****200.00 ****165.00

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PT | ☒ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BUSH, CAROL ANN | | 1.2 NAME | | |
| STREET ADDRESS | 2577 COVE POINT PLACE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | VIRGINIA BEACH VA | | 1.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | Pres/T | ☐ Change ☒ Addition |
| NAME | | | 2.2 NAME | Raditz Dale W. Sr | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | 122 Moss Rd | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | Winter Springs Fl. 32708 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | VP | ☐ Change ☒ Addition |
| NAME | | | 3.2 NAME | Raditz Tina | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | 122 Moss Rd | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | Winter Springs, Fl. 32708 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☒ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

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:** Pete Raditz PRESIDENT 4.23.97 (407) 830-4997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #