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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DOCUMENT #

H88166

DIVISION OF CORPORATIONS (4)

CORRUGATED CREATIONS, INC. Principal Place of Business 4706 DOGWOOD STREET WINTER HAVEN FL 33880 Mailing Address 4706 DOGWOOD STREET WINTER HAVEN FL 33880								
					3. Date Incorporated or Qualified 12/04/1985	3a. Date o	5/11/19	port 995
2. Principal Place of Business		2a. Mading Address 26			4. FEI Number 59-3015631	Applied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc.						Not Applicable Additional
22		27		5. Certificate of Status Desired Fee Required				
City & State		City & State		Election Campaign Financing Trust Fund Contribution			May Be	
Zip 24	Country 25	F		try	This corporation has liability for intangible tax under s 199.032, Florida Statutes			
**1	9. Name and Address of Curre		1301		10. Name and Address of New F		gent	
				11 Name		ogioto.su A	J OII.	
LUBIN, MIRIAM CARROLL 4706 DOGWOOD STREET WINTER HAVEN FL 33880			ξ.	32 Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
******	ATTIMENTE GOOD			33				
			ε	City		FL	85 Z p	Code
SIGNATURE _	m, and accept the obligations of, Sec Sgrange, typed or probability of registered agen	tion 607,0505, Florida Statutes	S. Ter Digiolage: A	ardı" şiğir tara hargun		DATE		
12. THILE	OFFICERS AN	ID DIRECTORS	13.	<u>.</u>	ADDITIONS/CHANGES TO OFF			
NAMÉ	LUBIN, GARY	[] (); (()[1 1 TIFE 1 2 NAM			LJ	Change	Addition
STREET ADDRESS	4706 DOGWOOD ST			EET ADDRESS				
CITY - ST - ZIP	WINTER HAVEN FL			- ST - ZIP				
TITLE	LUBIN, RORY	☐ DELETE	2 1 1171	E			Change	Addition
NAME	26 ELDORADO DRIVE		2.2 NAM	E				
STREET ADDRESS	E. NORTHPORT NY		1	ET ADDRESS				
CITY-ST-ZIP TITLE	T	DELETE	2.4 CiTY 3.1 TiTu				Change	Addition
NAME	LUBIN, JEREMY		3.2 NAM	·		L	Smarigs	L.J Podition
STREET ADDRESS	26 ELDORADO DRIVE		3.3 SIR	EET ADDRESS				
CHTY - ST - ZIP	E. NORTHPORT NY		3 4 C TY	- S1 - ZIP				
THLE		☐ DEFELE	4 1 T·TL	E			Change	Addition
NAME			4.2 NAM					
STREET ADDRESS				EL ADORESS				
CITY-S1-ZIP TITLE		DELETE	4.4 CHY 8.1 THL				Change	[] Add to a
NAME		[] better	5 1 IIIL			LJ	Change	Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5 4 CiTy					
TITLE		☐ DELET€	6 1 10 .				Change	Addition
NAME			6.2 NAM	£		_	-	

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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 119.07(3)(k), 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

6.3 STREET ADDRESS

SIGNATURE: __

STREET ADDRESS

SIGNATURE AND SPEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-294-4225