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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H88982

(4)

## CREATIVE CHRISTIAN CONCEPTS CORPORATION

Principal Plac	e of Business	Mailing Address					
B1 N. GULF BLVD. P.O. BOX 158 INDIAN ROCKS BEACH FL 34635		81 N. GULF BLVD. P.O. BOX 158 INDIAN ROCKS BEACH FL 33785-0158					
		·			<ol> <li>Date Incorporated or Qualified 12/10/1985</li> </ol>	3a. Date of Last F 01/24/1996	Report
	lace of Business	2a. Mailing Address	•		4. FEI Number	A	pplied For
21	NP / / / 1 1	26			59-2703439		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>├</b> ──		5. Certificate of Status Desired		Additional lequired
City & State	e	City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Z(p <b>24</b>	Country 25	Zip 29	Country 30	<i>'</i>	8. This corporation has liability for		
	9. Name and Address of Curi		190;	····································	10. Name and Address of New Ro		
BIF.	OTTO N.		81	Name			
81 N. GULF BLVD.			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
INDL	AN ROCKS BEACH FL 34635		83	Olicel No.	1003 (1.0. DOX NUMBER 10 NOT ACCEPTA		
			84	City		FL 85 Zip	Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with land accept the ob-	ile of Florida. Such change was i	authorized b	vithe corpora	poration submits this statement for the ition's board of directors. I hereby acce	ourrose of changing i	its registered registered
SIGNATURE			0.100 010.010	<i>u</i> .			
	Signature, typed or printed name of registered			ent signature requ	ired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	*****	
1-TLE NAME	P RIVERS, MARIE BIE	☐ DELETE	1.1 TITLE			Change	Addition
STREET ADDRESS	81 N. GULF BLVD.		1.2 NAME	1000500			
CHTY-ST-ZIP	INDIAN ROCKS BCH. FL		1.3 STREET				
THILE	ST ST	☐ DELETE	1.4 CITY-5 2.1 TITLE	51-2IP	NA PORTINE AND ADDRESS OF THE PARTY OF THE P	Change	Addition
NAME	BIE, OTTO N.		2.2 NAME			ondinge	C reconon
STREET ADORESS	81 N. GULF BLVD.		2.3 STREET	ADDRESS			
C(1Y-ST-Z)P	INIDAN ROCKS BCH. FL		2. 4 CITY-	ŀ			
TITLE		DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY -	ST-ZIP			
TITLE	☐ DELETE		4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STHEET	ADDRESS			
CITY-ST ZIP		- Dructe	4.4 CITY - 5	iT-ZiP			
TITLE		☐ DELETE	5 1 TITLE			Change	Addition
NAME ETREET ADOUGCE			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 5 6.1 TITLE	1-ZIP		Change	Addition
NAM€			6.2 NAME			C bliange	Modified
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY - ST - ZIP			6.4 CiTY - S				
14. I do here:	y certify that the information suppl	ed with this filing does not quali	fy for the exe	motion state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
⊢am an o'	n indicated on this annual report of ficer or director of the corporation in Block 12 or Block 13 if changed,	or the receiver or trustee empow	rered to exec	urate and that tute this repo	t my signature shall have the same legart as required by Chapter 607, Florida \$	at effect as if made un- statutes; and that my r	der oath; that name

**SIGNATURE:** 

OTTO NO BIE

**FILED** 

Jan 16 1997 8:00am

Secretary of State