SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # J16393 (7) CREATIVE REALTY OF SARASOTA, INC. Principal Place of Business Mailing Address 1426 S. TUTTLE AVE. 1426 S. TUTTLE AVE. SARASOTA FL 34239 SARASOTA FL 34239 3. Date Incorporated or Qualified 3a. Date of Last Report 05/28/1986 03/28/1995 4. FEI Number 2. Principal Prace of Business. 2a. Mailing Address Applied For 59-2678898 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt # etc V 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199 032 Country Zio Country Zip Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CLAYDON, JAMES D 82 Street Address (P.O. Box Number is Not Acceptable) 1428 TUTTLE AVE. SARASOTA FL 34239 ดา 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent 1 am familiar with and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE CATE September type diseips and makes of the jetters diagent as differ it applicable (NOTE for paternal Agent signature required when reinshalting). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE CLAYDON, JAMES D. 1.2 NAME CR2E034 NAME 3644 HISPANIA PLACE #322 1 3 STREET ADDRESS STREET ADDRESS SARASOTA FL 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 2 1 THUE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY ST ZIP CITY-ST-ZIP Change Addition TITLE DELETE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4 CHY-\$1-7P DELETE Change Addition 4.1 IFLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST. ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 54 CITY ST ZIP Change Addition DELETE 61 TiTLE TITLE

64 CITY-ST-ZIP

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 O7(3)(k). Florida Statutes 1 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 617, Florida Statutes, and that my name appears in Block 13 if changed or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-94 941-952 1117