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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # J16393 1. Corporation Name

CREATIVE REALTY OF SARASOTA INC.

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90118 026 \*\*\*150.00

Onlain	TE REALITY OF SAILAGO					•				
Principal Plac	e of Business	Mailing Addres	ss					., ordii 81	···· v:4** 8/8	
1426 S. TUTTL SARASOTA FL		126 S. TUTTLE AVE. Arasota fl. 34239				DO NOT WRITE II	N THIS	SPACE		
							3. Date Incorporated or Qualifed	11110	OI AOL	
							05/28/1986			
2. Principal Place of Business 2a. Mailing Address										Applied For
21		26					59-2678898			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					•	٠	\$8.75	Additional
22		27	27				5. Certifcate of Status Desired		Fee f	Required
City & Stat	e	City & State					6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Count	гy		8. This corporation owes the current y	ear Inte		
24	25	29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Cu	rrent Registered Agen	<u>t                                     </u>	8		Mana	10. Name and Address of New Regis	stered /	Agent	
DAV	id e. Swenson			l°	1	Name				1
	B TUTTLE AVE.					Street Addre	ess (P.O. Box Number is Not Acceptable)			
	ASOTA FL 34239				_	-				
SAN	A301A FE 34239			8	3				• •	
	•			8	4	City		FL	85 Zir	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508. Flo	rida Statute	s, the abo	ve-r	named corpo	pration submits this statement for the purp	ose of	changing i	ts registered
office or r	egistered agent, or both, in the St m familiar with, and accept the ob	tate of Florida. Such cha	inge was au	ithorized b	y th	e corporation	n's board of directors. I hereby accept the	appoir	ntment as	registered
•	······································	•	,							
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable.	(NOTE:	Registered Ag	ent s	ignature required		ATE		
12.	OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE	RS AN		
TITLE	PS	Ш	DELETE	1.1 TITLE					Change	Addition
NAME	DAVID E. SWENSON			1.2 NAME	E					
STREET ADDRESS	1426 S. TUTTLE AVE.			1.3 STRE	ETA	DORESS				
CITY+ST-ZIP	SARASOTA FL			1.4 CITY-	ST-Z	ZIP				
TITLE			DELETE	2.1 TITLE	•				☐ Change	Addition
NAME				2.2 NAME	E					
STREET ADDRESS	<u>-</u>			2.3 STRE	ETA	DDRESS	•			
CITY-ST-ZIP	<u>,</u>			2. 4 CITY		ZIP			Chana	Addition
TITLE		Ц	DELETE	3.1 TITLE					Change	Addition
NAME				3.2 NAME		ļ				Į.
STREET ADDRESS	•			3.3 STRE	ET A	DDRESS				
CITY-ST-ZIP				3.4. CITY		ZIP			Change	- Addition
TITLE		u	DELETE	4.1 TITLE					Change	e
NAME				4. 2 NAM						
STREET ADDRESS				4.3 STRE	ET A	DORESS				
CITY-ST-ZIP			DELETE	4.4 CITY-		ZIP			□ Char-	e
TITLE		Ц	DELETE	5.1 TITLE					Change	- Housian
NAME				5.2 NAME		DODECC				
STREET ADDRESS						DORESS	•			
CITY-ST-ZIP			DELETE	5.4 CITY- 6.1 TITLE		ZIP į			Char-	→ Addition
TITLE		Ц	DELETE						Change	, Landinou (
NAME				6.2 NAME		DODE OF				Į.
STREET ADDRESS				6.3 STRE						
C(TY-ST-ZIP	l			6.4 CITY	-ST-2	ZIP I				

14. I hereby certify that the information supplied with this trifing 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 suppliemental annual report is type 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 of postere epropowered 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 attach metabolic appropriess, with all other like empowered.

SIGNATURE: