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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

J20258

(6)

14444	CREATION ENTERPRISE	5, ING.					
Principal Place	of Business	Mailing Address			I IODISHE DHUD HUDII ODNIU UKUDI UK	LINI LOKO TITIL ÖVÖLI Ö	ioni olota dinil osoli 4001
122 SHADY BRANCH TRAIL ORMOND BEACH FL 32174		•	122 SHADY BRANCH TRAIL ORMOND BEACH FL 32174				
					3. Date Incorporated or Qualified 06/06/1986	3a. Date of La	est Report 27/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	1 04/2	Applied For
21	<del></del>	26			59-2684094		Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.					3.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$	5.00 May Be
?in		28	1	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		Added to Fees
Zip 24	Country 25	Zip 29	Country 30	ý	8. This corporation has liability for in Florida Statutes Yes		lers 199.032,
7	9. Name and Address of Curre		1301		10. Name and Address of New Ro		
			81	Name	TO, TIGHTO AND AUGUSTS OF HEW FILE	ogistered Agen	
GLASS	S, WANDA G.			Oten et Antel	/DO D. N. I.		
	HADY BRANCH TRAIL		82 Street Add		ress (P.O. Box Number is Not Acceptable	l <del>e</del> )	
	ND BEACH FL 32174		83				
			84	City		Tail	T = 0 .
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Flor				,		FL 85	
O registere	ed agent, or both, in the State of Flo						
familiar with	in, and accept the obligations of, Set Signature, typed or printed name of registered age	nt and title if applicable (F	NOTE: Registered Age	nt signature required		DATE CERS AND DIRE	CTORS IN 12
familiar with	in, and accept the obligations of, Set Signature, typed or printed name of registered age	Ction 607.0505, Florida Statute		nt signature required	d when rein taking: ADDITIONS/CHANGES TO OFFIC	CERS AND DIRE	
familiar with	Signaluse typed or profiled name of registered agree  OFFICERS AI	ot and title if applicable (P	NOTE: Registered Age	nt signature required			
familiar with	in, and accept the obligations or, Set Signature, typod or printed name of registered agri OFFICERS AL	otion 607,0505, Fronda Statute ont and title if applicable  ND DIRECTORS	NOTE: Registered Age 13. 1.1 TITLE 12 NAME	nt signature required		CERS AND DIRE	
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SIGNATURE:

904-672-0823 Dayrine Phone #