## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE Apr 10 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J99208 CREATIVE TASTES, INC. Principal Place of Business Mailing Address 7118 9W 117 AVE. 71 N SW 117 AVENUE MIAMORE 33183 MANY FL 33183 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 10/28/1987 Applied For rincipal Place of Business Not Applicable 65-0013237 \$8.75 Additional 6. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent **BLECK, PATRICE J** 7118 SW 117 AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI-FL 33183 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of required agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE TITLE NAME BLECK, JANET PATRICE 1.2 NAME 7118 SW 117TH AVE. STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME HAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE

SIGNATURE:

HAME

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 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 of the recognition of the

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6.3 STREET ADDRESS

6.4 DITY-ST-ZIP

to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information