

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
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K02156 (3)

1. Corporation Name

CREATIVE CREDIT COMPANY



Principal Place of Business

Mailing Address

C/O DAVID RADCLIFFE
3840-1 WILLIAMSBURG PARK BLVD.
JACKSONVILLE FL 32257
US

C/O DAVID RADCLIFFE
P. O. BOX 56272
JACKSONVILLE FL 32241
US

3. Date Incorporated or Qualified
11/16/1987

3a. Date of Last Report
05/01/1995

4. FEI Number

59-1786582

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24

25

28

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RADCLIFFE, DAVID G.
7229 HERNANDO ROAD
JACKSONVILLE FL 32217

81

Name

Radcliffe, David G.

82

Street Address (P.O. Box Number is Not Acceptable)

3840-1 Williamsburg Pk. Blvd.

83

84

City

Jacksonville

FL

85

Zip Code

32257

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 registered agent and the applicable

(If 012, Registered Agent signature required after reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PO
RADCLIFFE, DAVID G.
7229 HERNANDO ROAD
JACKSONVILLE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
RADCLIFFE, NANCY L.
7229 HERNANDO ROAD
JACKSONVILLE FL

DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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Jacksonville, FL 32257

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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 119.07(3)(k), Florida Statutes. I 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

6/10/96

399-1111

CR2E034 (3/96)