FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	K03302
1. Corporation Name	

			11.10
KREATIVE	ΚL	ASE.	INC.

Mading Address Principal Place of Business 4203 UNION ST 4203 UNION ST **TAMPA FL 33607** TAMPA FL 33607



				 Date Incorporated or Qualified 11/23/1987 	3a. Date of Last Report 05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Addres	35	4. FEI Number 59-286 1285	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, (etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Orty & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z1p	Country	7/p	Gountry 30	1 K- 130 G.M.G.C.G	No No
	9. Name and Address of Cu	rrent Registered Agent	81	10. Name and Address of New F	Registered Agent
SIMPSON, BIRDIE F. 4203 UNION ST TAMPA FL 33607		11	Street Address (P.O. Box Number is Not Acceptate	B5 Zip Code	
			<u></u>		FL

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.

12.	Squature typud or porti and electrical description and the OFFICER'S AND DR	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	DELETE	1 1 T T L E	Crange Addition
NAME	SIMPSON, BIRDIE F.		1.2 NAME	
STREET ADDRESS	4203 UNION ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		1.4 C(1 Y - \$1 - 2)P	
TITLE	VS	DELETE	2 1 FiTLE	Change Addition
NAME	BACOAT-JONES, TONN		2.2 NAME	
STREET ADDRESS	4203 UNION ST		2.3 STREET ADDRESS	
City - St - ZiP	TAMPA FL 33607		2 4 Ciliy - ST 7IF	Change Addition
TITLE		☐ DELETE	3 1 THTE	Crange C Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-7IP			3 4 CHY - S1 - ZIP	Change Additio
TITLE		☐ DELE IF	4 1 T-1UE	[] Cildinge [] Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STHEFT ADDRESS	
CITY · ST - ZIP		,	4.4.0.1Y ST-7IF	Change Additio
TITLE		☐ DELETE	5 1 T-TEF	Critarigo (Noonio
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY: ST-ZIF	☐ Change ☐ Addition
TITLE		☐ DELETE	6 1 T ILE	Onange Noone
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY OF 710			6 4 CITY - ST - ZIF	

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 forther 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 certify that I am an officer or director of the corporation or the receiver or trustee empowered 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 attachment with an address.

SIGNATURE

CR2E034 (12/95)