

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 # K26956 (8)

1. Corporation Name

CREATIVE MANAGEMENT CORPORATION

Principal Place of Business

303 NE 7TH AVENUE
P.O. BOX 801226
DEL RAY BEACH FL 33483
US

Mailing Address

60 SOUTH BROADWAY
MALL OFFICE
WHITE PLAINS NY 10601
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

5465 Columbia Rd.

Suite, Apt. #, etc.

27

#737

City & State

28

Columbia MD

Zip

29

21044

Country

30

HOWARD

3. Date Incorporated or Qualified

06/23/1988

3a. Date of Last Report

07/19/1995

4. FEI Number

65-0068929

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, VALENTEN
815 N.W. 57 AVENUE, SUITE 304
MIAMI FL 33126

81 Name

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

83

84 City

FL

85 Zip Code

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 of the corporation or its authorized agent and the date

Signature of the Registered Agent and the date

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PST
GRONCKI, PAUL
60 SOUTH BROADWAY- MALL OFFICE
WHITE PLAINS NY

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRONCKI, PAUL
60 SOUTH BROADWAY- MALL OFFICE
WHITE PLAINS NY

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5465 Columbia Road #737
Columbia, MD 21044

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

5465 Columbia Road #737
Columbia, MD 21044

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, 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 TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/96 (410) 740-1739

CR2E034 (12/95)