

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPROVED
AND
FILED**

05 MAY -1 AM 9:39

DOCUMENT # K30795

(4)

In State of Florida

CREATIVE TRENDS DISTRIBUTION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address 9 ISLAND AVE 1804 PEMBROKE PINES FL 33139 US	Mailing Address % DENNIS HUGDAHL 10472 TAFT ST PEMBROKE PINES FL 33026
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DO NOT WRITE IN THIS SPACE

3. Date in operation if 2 added 08/11/1988	3a. Date of Last Report 05/01/1994
4. FIC Number 65-0066077	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. Does corporation pay liability for intangible tax under § 199.032, Florida Statutes. ☐ Yes ☒ No	

2. Principal Office Address 21	2a. Mailing Address 26
22. State Apt. # etc.	27. State Apt. # etc.
23. City & State	28. City & State
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUGDAHL, DENNIS
10472 TAFT ST
PEMBROKE PINES FL 33026**

81. Name	
82. Street Address (P.O. Box Number or Not Applicable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0607 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal office or both in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am aware of and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if corporation is not a corporation)

Signature of Registered Agent (if corporation is not a corporation)

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	P HUGDAHL, DENNIS 10472 TAFT ST PEMBROKE PINES FL	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP		ZIP	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP		ZIP	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP		ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is true, correct, and complete, and that I am qualified to file this report. I am not a director or officer of the corporation. I further certify that the information included on this annual report is supplemental annual report or true and accurate and that my signature shall have the same legal effect and make under oath. If it is a principal office or director of this corporation, the fee report of business incorporated in this report is required by Chapter 199.032, Florida Statutes, and that my name appears in the book of records filed on or after the filing with an address.

SIGNATURE:

[Signature]

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR