## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K50085

(5)

CREATIVE CLADDINGS, INCORPORATED

**FILED** Feb 18 1997 8:00am Secretary of State

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Principal Mad	e of Business	Mailing Address						***		P1011 1001
96NINA ENTZMI 13354 GOLF CI TAMPA FL 3363	REST CIRCLE	%NINA ENTZMINGER 13354 GOLF CREST CIRC TAMPA FL 33624-4650	CLE							
						3. Date Incorporated or Qualified 12/06/1988	3a. Da 03/1			eport
	lace of Business	2a. Mailing Address				4. FEI Number	······································		Ar	plied For
21		26				59-2923684				t Applicable
Suite, Apt.		Suite, Apt. #, etc.				6. Certificate of Status Desired		,		Additional equired
City & Stat	e	City & State				6. Election Campaign Financing	-			May Be
<b>23</b> Zip	Country	28 Zip	Cour	okru		Trust Fund Contribution	LJ			o Fees
24	25	29	30	шу		This corporation has liability for in Florida Statutes	itangible i Yes		der s	. 199.032,
	9. Name and Address of Curre		1441			10. Name and Address of New Reg		-		
ENT	ZMINGER, NINA			81	Name					
	4 GOLF CREST CIRCLE		ŀ	82	Street Add	Iress (P.O. Box Number is Not Acceptabl	e)			
TAM	PA FL 33624						~,			
			į	83						
				84	City	**************************************	FL	85	Zip (	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508, Florida Statu	ites, the ab	OVO	-named corr	poration submits this statement for the ou		chanc	ina it	s registered
office or r	egistered agent, or both, in the State implementation and account the obligation with land account the obligation.	e of Florida, Such change was lations of Specian 607,0505, F	authorized	by	the corpora	poration submits this statement for the pution's board of directors. I hereby accept	the appo	intme	nt as	registered
SIGNATURE	the contract the contract to contract the contract to	initiona di podition obti obco, i	ionou otati	1100	•					
	Signature, typed or printed name of registered ag	ent and title if applicable (NO	TE: Registered	Ager	nt signature requi	red when reinstating)	DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	_		
1 TLF	PTD WARE	☐ DELETE	1.1 111	LE				Ch	ange	Addition
NAME	ENTZMINGER, WADE		1.2 NA	Mξ						
STREET ADDRESS	13354 GOLF CREST CIRCLE TAMPA FL				ADDRESS					
CITY-ST-ZIF	VSD	☐ DELETE	1.4 CIT		- ZIP			1 64		T-1000
TITLE NAME	ENTZMINGER, NINA	☐ pereit	2.1 TIT		-		ı	Ch	ange	Addition
STREET ADDRESS	13354 GOLF CREST CIRCLE		2.2 NAI		1000000	÷				
CHY-ST-ZIP	TAMPA FL	•			ADDRESS					
TITLE	774117176	DELETE	2.4 CI 3.1 TIT		1-ZIP			Ch	2006	Addition
NAME		Lad Veteri	3.2 NAJ				,		ange	LI Addition
STREET ADDRESS					ADDRESS					
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TITLE		☐ DELETE	4.1 TIT		, 44			Ch	ange	Addition
NAME		<del>_</del>	4. 2 NA	ME			•		٠.	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4.4 CIT		1				•	
Trile		☐ DELETE	5.1 TIT					Ch	ange	Addition
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STREET ADDRESS			5.3 STF	ieet <i>i</i>	ADDRESS					
CITY - ST - ZIP			5.4 CIT	Y-\$7	I-ZIP					
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I do 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 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:** 

Date

Daytime Phone #