

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

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



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

**DOCUMENT # K51630 (7)**  
 1. Corporation Name  
**CREEK INVEST, INC.**



Principal Place of Business  
**1275 SO. PATRICK DR.  
 UNIT D  
 SATELLITE BEACH FL 32937**

Mailing Address  
**PO BOX 410186  
 MELBOURNE FL 32941-0186  
 US**

3. Date Incorporated or Qualified **12/15/1988** 3a. Date of Last Report **04/23/1996**

2. Principal Place of Business  
**21 415 PINEDA COURT**  
 Suite, Apt. #, etc.  
**22 Suite A**  
 City & State  
**23 MELBOURNE, FL**  
 Zip Country  
**24 32940 25**

2a. Mailing Address  
**26 415 PINEDA COURT**  
 Suite, Apt. #, etc.  
**27 Suite A**  
 City & State  
**28 MELBOURNE, FL**  
 Zip Country  
**29 32940 30**

4. FEI Number **59-2921310** 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  
**JOSEEC CALERC  
 1275 SO. PATRICK DR.  
 SATELLITE BCH FL 32937**

10. Name and Address of New Registered Agent  
**81 Name CHRISTOPHER J. COLEMAN, P.S.O.  
 82 Street Address (P.O. Box Number is Not Acceptable) 1800 W. HIBISCUS BLVD.  
 83 SUITE 138  
 84 City MELBOURNE FL 85 Zip Code 32902**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>P JOSEEC CLERC</b>
STREET ADDRESS	<b>1275 SO PATRICK DR D</b>
CITY-ST-ZIP	<b>SATELLITE BCH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P JOSEEC CLERC</b>
1.3 STREET ADDRESS	<b>415 PINEDA COURT, SUITE A</b>
1.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32940</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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: \_\_\_\_\_

CP2E034 (9/96)