

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K64575 (9)

1. Corporation Name

THE CAPITAL CREATION CO., INC.

Principal Place of Business

Mailing Address

600 CORPORATE DR.
#200
FT LAUDERDALE FL 33334
US

600 CORPORATE DR.
#200
FT. LAUDERDALE FL 33334
US



3. Date Incorporated or Qualified

02/09/1989

3a. Date of Last Report

04/14/1995

4. FET Number

65-0171931

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

2. Principal Place of Business

21 5355 Town Center Rd.

Suite, Apt. #, etc.

22 Suite 802

City & State

23 Boca Raton, FL

Zip

24 33486

Country

25 Palm Beach

2a. Mailing Address

26 5355 Town Center Rd.

Suite, Apt. #, etc.

27 Suite 802

City & State

28 Boca Raton, FL

Zip

29 33486

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

GOTTLIEB, ALLYNE
1 LINCOLN PLACE
1900 GLADES ROAD #301
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

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

5355 Town Center Rd.

83

Suite 802

84

City

Boca Raton

FL

85

Zip Code

33486

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

X *Allyne Gottlieb*

Signature of principal place of business agent and line if applicable

(If Other Registered Agent Signature required when reappointing)

June 6, 1996

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DC
GOTTLIEB, ALLYNE
3049 CHATEAU LANE
PALM BCH GARDENS FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P
GOTTLIEB, ALLYNE
3049 CHATEAU LANE
PALM BCH GARDENS FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

XX Change ☐ Addition

21347 Harrow Ct.
Boca Raton, FL 33433

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

XX Change ☐ Addition

21347 Harrow Ct.
Boca Raton, FL 33433

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if change, or on an attachment with an address.

SIGNATURE:

X *Allyne Gottlieb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allyne Gottlieb

June 6, 1996

407 394-2535

Date

Telephone

CR2E034 (3/96)