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 # **L05349** (0)

1. Corporation Name
CREATIVE FINANCIAL SERVICES, INC.

Principal Place of Business

% EDWIN PRESSER
4811 BEACH BLVD #302
JACKSONVILLE FL 32207

Mailing Address

% EDWIN PRESSER
4811 BEACH BLVD #302
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 07/26/1989
3a. Date of Last Report: 02/17/1995
4. FEI Number: 59-2966207 ☐ 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
21 223 West Adams St.
Suite, Apt #, etc.
22
City & State
23 Jacksonvilk, FL
Zip
24 32202
Country
25

2a. Mailing Address
26 3986 Boulevard Center Dr.
Suite, Apt #, etc.
27 Suite 106
City & State
28 Jacksonville, FL
Zip
29 32207
Country
30 USA

9. Name and Address of Current Registered Agent

PRESSER, EDWIN
4811 BEACH BLVD
#302
JACKSONVILLE FL FL 32207

10. Name and Address of New Registered Agent

81 Name: Edwin Presser
82 Street Address (P.O. Box Number is Not Acceptable): 3986 Boulevard Center Drive
83 Suite 106
84 City: Jacksonville FL
85 Zip Code: 32207

11. Pursuant to the provisions of Section 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	WITTEN, PAUL J., D.M.D.	
STREET ADDRESS	1202 OCEANFRONT	
CITY-ST-ZIP	NEPTUNE BCH. FL	
TITLE	VS	☐ DELETE
NAME	WITTEN, PAMELA	
STREET ADDRESS	1202 OCEANFRONT	
CITY-ST-ZIP	NEPTUNE BCH. FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	☐ Change ☐ Addition
12 NAME	Witten, Paul J., D.M.D	
13 STREET ADDRESS	223 West Adams Street	
14 CITY-ST-ZIP	Jacksonville, FL 32202	
21 TITLE	V/S	☐ Change ☐ Addition
22 NAME	Witten, Pamela	
23 STREET ADDRESS	223 West Adams Street	
24 CITY-ST-ZIP	Jacksonville, FL 32202	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: Paul J. Witten President 4/5/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Paul J. Witten President (904)356-9073