

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 # L17629 (1)

1. Corporation Name

CREATIVE BUSINESS INTERIORS, INC.



Principal Place of Business

Mailing Address

401 WHOOPING LOOP, SUITE 1533  
~~PO BOX 112~~  
ALTAMONTE SPRINGS FL 32701

401 WHOOPING LOOP, SUITE 1533  
~~PO BOX 112~~  
ALTAMONTE SPRINGS FL 32701

3. Date incorporated or Qualified  
09/22/1989

3a. Date of Last Report  
05/01/1995

4. FEI Number

59-2977383

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

2a. Mailing Address

21 401 WHOOPING LOOP

26 401 WHOOPING LOOP

22 SUITE 1533

27 SUITE 1533

23 City & State

28 City & State

ALTAMONTE SPRINGS, FL

ALTAMONTE SPRINGS, FL

24 Zip

25 Country

29 Zip

30 Country

32701

USA

32701

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEFKOWITZ, IVAN, M  
430 N MILLS AVE  
ORLANDO FL 32803

81 Name

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

83

84 City

FL

85 Zip Code

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
BUTZER, SUZANNE C  
425 HOLT AVENUE  
WINTER PARK FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
GUENTZ, JOHN E  
1511 DRUID ROAD  
MAYLAND FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
TEUTON, SUZON  
ROUTE 1, BOX 1428  
ANTHONY FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

5160 NE 136TH PLACE  
ANTHONY, FL 32617

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

SIGNATURE: X Suzon K. Teuton

X 4-30-96

X 407-331-3362

CR2E034 (12/95)