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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # L47392



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90079 038 \*\*\*150.00

CREATIVE PLAY ENVIRONMENTS, INC. Principal Place of Business Mailing Address 5601 CYPRESS HOLLOW WAY 5601 CYPRESS HOLLOW WAY NAPLES FL 34109 NAPLES FL 34109 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualifed 01/29/1990 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0235486 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired- --- ---Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country Zip Country 8. This corporation owes the current year Intangible Zip 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WILSON, ALLAN Street Address (P.O. Box Number is Not Acceptable) 5601 CYPRESS HOLLOW WAY NAPLES FL 34109 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change ☐ Addition CEOP 1.1 TITLE TITLE WILSON, ALLAN 1.2 NAME NAME 5601 CYPRESS HOLLOW WAY 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34109 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition Change VPD. ☐ DELETE 2.1 TITLE TITLE ZIMMER, TOM 22 NAME NAME 855 8TH STREET SOUTH 2.3 STREET ADDRESS STREET ADDRESS NALES FL 33940 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE TITLE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4 1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ DELETE 61 TITLE TITLE

CITY-ST-ZIP 14. I 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 change. or on an attachment with address, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

R2E034