

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L79467

(1)

1. Corporation Name

EASI CREATIONS, INC.



Principal Place of Business

Mailing Address

~~C/O MICHAEL N. SCHNEIDER
425 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216~~

C/O MICHAEL N. SCHNEIDER
425 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216

2. Principal Place of Business

2a. Mailing Address

21 11362 San Jose Blvd

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

29 Zip

25 Country

30 Country

26 Country

31 Country

27 Country

32 Country

28 Country

33 Country

29 Country

34 Country

30 Country

35 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/12/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3014846

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

10. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N.
100 NATIONAL FINANCIAL BLDG.
4215 SOUTHPOINT BLVD.
JACKSONVILLE FL 32216

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 on this page

(NOTE: Registered Agent Signature required when not state official)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

REITER, ERIC G.

STREET ADDRESS

11529 BASKERVILLE RD.

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

PST

☐ DELETE

NAME

REITER, ERIC G.

STREET ADDRESS

11529 BASKERVILLE ROAD

CITY - ST - ZIP

JACKSONVILLE 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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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)(a), 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:

Eric G. Reiter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric G. Reiter

2/29/96

904/268-3250

CR2E034 (12/95)