


DOCUMENT # M02913 1. Entity Name FLORIDA CREATIVE MORTGAGE CORP.	
--------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

Principal Place of Business % ALAN PINKWASSER 8231 MUIRHEAD CIRCLE BOYNTON BEACH, FL 33437 US	Mailing Address % ALAN PINKWASSER 8231 MUIRHEAD CIRCLE BOYNTON BEACH, FL 33437 US
--------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

66404668

**DO NOT WRITE IN THIS SPACE**

03032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2697324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered AgentPINKWASSER, ALAN
8231 MUIRHEAD CIRCLE
BOYNTON BEACH, FL 33437**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINKWASSER, ALAN 8231 MUIRHEAD CIRCLE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINKWASSER, MARC 8231 MUIRHEAD CIRCLE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINKWASSER, ETHEL 8231 MUIRHEAD CIRCLE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alan Pinkwasser 3/5/04 561 736 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #