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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M76555

(5)

1. Corporation Name

CREATIVE KITCHEN CENTER, INC.



Principal Place of Business

702 FARMERS MARKET RD
FT PIERCE FL 34982
US

Mailing Address

702 FARMERS MARKET RD
FT PIERCE FL 34982-6852
US

3. Date Incorporated or Qualified

04/14/1988

3a. Date of Last Report

06/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SMITH, DAVID M
273 SE FALLON DR
PT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME SMITH DAVID M.
STREET ADDRESS 273 SE FALLON DRIVE
CITY- ST- ZIP PORT ST LUCIE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME BORKOWSKI, STANLEY B.
STREET ADDRESS 755 S.W. SALERNO RD.
CITY- ST- ZIP STUART FL

2.1 TITLE ☒ Change ☐ Addition

TITLE ☒ DELETE

NAME BORKOWSKI, H. ANN
STREET ADDRESS 755 S.W. SALERNO ROAD
CITY- ST- ZIP STUART FL

3.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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 changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97 561-461-4480

Daytime Phone #

0469544

CR2E034 (9/96)