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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90187 022 ***150.00

DOCUMENT # M89861 1. Corporation Name	•	
CREATIVE EMPLOYMENT SERVICES, INC.	•	

,						
Principal Place	of Business	Mailing Address				
'		1600 SARNO RD.				
1600 SARNO R Suite 207	υ.	SUITE 207				1
MELBOURNE F	L 32935	MELBOURNE FL 32935				DO NOT WRITE IN THIS SPACE
	•					3. Date Incorporated or Qualifed
<u> </u>						07/14/1988
⊢	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-2898551 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State				
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	у		8. This corporation owes the current year Intangible
24	25	29 30	J			Personal Property Tax.
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
			81	۱ [آ	Name	
	DURA, BERNARD F.		82	1 .	Street Addres	ess (P.O. Box Number is Not Acceptable)
	HERONS LANDING DRIVE					
ROU	KLEDGE FL 32955		83	3		
ł			84	+ (City	85 Zip Code
					-	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, f Florida, Such change was auth	the abov	e-n the	named corpor e corporation	viration submits this statement for the purpose of changing its registered in board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statutes	S.		, , , , , , , , , , , , , , , , , , , ,
SIGNATURE						
12.	Signature, typed or printed name of registered agent OFFICERS AND		gistered Age 13.	ent się	ignature required v	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D OFFICERS AND	DELETE	1.1 TITLE			Change Addition
NAME	YANDURA BERNARD F		1.2 NAME			_ · · -
STREET ADDRESS	5631 HERONS LANDING DR		1.3 STREE		DDRESS	
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-S		}	
TITLE	D	☐ DELETE	2.1 TITLE	J1-2	<u></u>	☐ Change ☐ Addition
NAME	YANDURA, SUE R.		2.2 NAME			
STREET ADDRESS	5631 HERONS LANDING DR		2.3 STREE	T AD	DDRESS	
CITY-ST-ZIP	ROCKLEDGE FL		2. 4 CITY-	ST-Z	ZIP	·
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME :	j. - •		3.2 NAME		ļ	
STREET ADDRESS			3.3 STREE	TAD	DORESS	
CITY-ST-ZIP	<u> </u>		3.4. CITY-	ST-Z	ZIP	
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4.2 NAME			
STREET ADDRESS	•		4.3 STREE	ET AD	DDRESS	•
CITY-ST-ZIP			4.4 CITY - S	ST-Z	<u>IP</u>	
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME		DODECC	•
STREET ADDRESS			5.3 STREE		i	
CITY-ST-ZiP		☐ DELETE	6.1 TITLE		.IF	☐ Change ☐ Addition
TITLE		☐ DELEIE	6.2 NAME		J	□ cuange □ radiiion
NAME	•		6.3 STREE		DDRESS	•
STREET ADDRESS			6.3 STREE			

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LICE PLANTING RESIDER NOURA

4/20/19 407-255-0333

CR2E034 (11/9