

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3: 52

DOCUMENT # **M92322 (0)**
1. Corporation Name
CREATIVE OCEANS, INC.

Principal Place of Business: **CREATIVE OCEANS INC 150 S DALE MABRY TAMPA FL 33609 US**
Mailing Address: **CREATIVE OCEANS INC 150 S DALE MABRY TAMPA FL 33609 US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **08/01/1988**
3a. Date of Last Report: **05/01/1994**
4. FCI Number: **59-2902188**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under Florida Statutes: Yes No

2. Principal Place of Business: **Creative Oceans Inc.**
2a. Mailing Address: **Creative Oceans Inc.**
21. State, Apt. #, etc: **150 S. Dale Mabry'**
22. City & State: **Tampa, FL**
23. Zip: **33609** Country: **USA**
24. State, Apt. #, etc: **150 S. Dale Mabry**
25. City & State: **Tampa, FL**
26. Zip: **33609** Country: **USA**

8. Name and Address of Current Registered Agent
**HUFSTETLER, DONALD
40506 LACERA DRIVE
TAMPA FL 33618**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, this 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 responsibility as registered agent. I am familiar with, and accept the obligations of, Section 607.0602, Florida Statutes.

SIGNATURE: _____
Signature of current registered agent and the registered agent.

12. OFFICERS AND DIRECTORS

1. TITLE: P	HUFSTETLER, DONALD
2. NAME:	10605 LACERA DRIVE
3. STREET ADDRESS:	TAMPA FL
4. CITY, ST, ZIP:	
5. TITLE: V	GLOVER, DENNIS C
6. NAME:	165553 HUTCHINSON ROAD
7. STREET ADDRESS:	ODESSA FL
8. CITY, ST, ZIP:	
9. TITLE: S	HORNER, GREGG
10. NAME:	14214 MAPLETON PLACE
11. STREET ADDRESS:	TAMPA FL
12. CITY, ST, ZIP:	
13. TITLE: T	HUFSTETLER, MARY
14. NAME:	10506 LACERA DRIVE
15. STREET ADDRESS:	TAMPA FL
16. CITY, ST, ZIP:	
17. TITLE:	
18. NAME:	
19. STREET ADDRESS:	
20. CITY, ST, ZIP:	
21. TITLE:	
22. NAME:	
23. STREET ADDRESS:	
24. CITY, ST, ZIP:	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS

1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME:	
3. STREET ADDRESS:	
4. CITY, ST, ZIP:	
5. TITLE: V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:	Bill O'Donnell
7. STREET ADDRESS:	3006 Bay Vista
8. CITY, ST, ZIP:	Tampa, Florida 33611
9. TITLE: S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:	Donna L. Thomas
11. STREET ADDRESS:	8502 Olympic Court
12. CITY, ST, ZIP:	Tampa, Florida 33634
13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:	
15. STREET ADDRESS:	
16. CITY, ST, ZIP:	
17. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME:	
19. STREET ADDRESS:	
20. CITY, ST, ZIP:	

14. I hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in section 607.0602, Florida Statutes. I further certify that the information furnished 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 or assignee of the corporation and that my name appears on Block 12 or Block 13 of this report or each attachment with an address.

SIGNATURE: *Donald R. Hufstetler*
SIGNATURE AND TITLE OF CURRENT REGISTERED AGENT OR DIRECTOR

2/12/95 - 88-893-0555