


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

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33609-2637
US**



3. Date Incorporated or Qualified **08/01/1988** 3a. Date of Last Report **04/25/1996**

4. FEI Number **59-2902188** 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**HUFSTETLER, DONALD
10506 LACERA DR
TAMPA FL 33618**

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

TITLE **P** ☐ DELETE
NAME **HUFSTETLER, DONALD**
STREET ADDRESS **10605 LACERA DRIVE**
CITY - ST - ZIP **TAMPA FL**

TITLE **V** ☐ DELETE
NAME **O'DONNELL, BILL**
STREET ADDRESS **3008 BAY VISTA**
CITY - ST - ZIP **TAMPA FL**

TITLE **S** ☒ DELETE
NAME **THOMAS, DONNA L**
STREET ADDRESS **8502 OLYMPIC COURT**
CITY - ST - ZIP **TAMPA FL**

TITLE **T** ☐ DELETE
NAME **HUFSTETLER, MARY**
STREET ADDRESS **10506 LACERA DRIVE**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **511 Hufstetler, Mary**
4.3 STREET ADDRESS **10506 Lacera Drive**
4.4 CITY - ST - ZIP **Tampa, FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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, or on an attachment with an address.

SIGNATURE:

Mary A Hufstetler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/97

813 873-0555

Date

Daytime Phone #

CR2E034 (9/96)