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PROFIT C()RPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # M92322

CREATIVE OCEANS, INC.

FILED Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90097 046 ***150.00

Principal Place	e of Business	Mailing Address				1 100/001/ 110 101/0 11000 17110 110		01011 01611 91011 I	(141) BIBIT 1881	
CREATIVE OCEANS INC 150 S DALE MABRY		CREATIVE OCEANS INC 150 S DALE MABRY				DO NOT WRITE IN THIS SPACE				
TAMPA FL 33809 US		TAMPA FL 33609 US				3. Date Ir corporated or Qualified				1
03		03				08/01/1988				
2 Principal D	Mann of Business	2a. Mailing Address			— 	4. FEI Number		Δn	p jed For	†
2. Principal Place of Business		⊢ •						<u> </u>	t Applicable	1
Suite, Apt.	# etc	Suite, Apt. #, etc.				59-2902188		\$8.75		1
22	<i>n</i> , co.	27				5. Certificate of Status Desired		Fee Re		
City & S at	le	City & State				6. Election Campaign Financing		\$5.00	May Be	1
23		28				Trust Fund Contribution		Added t	•	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curre	ent year in	rtandible]
24	25	29	30			Personal Property Tax.		es	[]No]
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistere	l Agent		-
				81 Name						
	STETLER, DONALD			82 Street	Addres	ss (P.O. Box Number is Not Accepta	bie)			1
	36 LACERA DR			ou ou	1100101					
TAM	PA FL 33618			83						1
				84 City				85 Zip (ode	┨
				84 City			F	_ 03 2,5 \		
office or re	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligation	i Florida. Such change was :	authorized	by the corp	co por oration	ration submits this statement for the i's board of cirectors. I hereby accep	purpose of tithe appo	f changing its pintment as re	negistered gistered	
SIGNATURE									-	1
	Signature, typed or printed name of registered agent			Agent signature	required v	ADDITIC NS/CHANGES TO OFF	DATE	ND DIDECTO	E C IN 12	8
12.	OFFICERS AND								PO IN IZ	1 ~:
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TITLE	V DONALD	DELETE	1.1 TH		P	ADDITIC HOLD TO OFF	IOEIRO /	Change	Addition	11.
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14. 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 εnnual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that Farm 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 attach nent with an address, with a Lother like empowered.

SIGNATURE: