

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90097 046 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **M92322**

1. Corporation Name
CREATIVE OCEANS, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
08/01/1988

4. FEI Number
59-2902188

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 owes the current year Intangible Personal Property Tax. 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

10. Name and Address of New Registered Agent

HUFSTETLER, DONALD
10506 LACERA DR
TAMPA FL 33618

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V HUFSTETLER, DONALD 10605 LACERA DRIVE TAMPA FL 33618	1.1 TITLE	P Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE	P WOZENCRAFT, WILLIAM G 294 SPOTTIS WOODS CT CLEARWATER FL 33076	2.1 TITLE	V Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE	S WOZENCRAFT, PAMELA A 294 SPOTTIS WOODS CT CLEARWATER FL 33576	3.1 TITLE	S Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE	T HUFSTETLER, MARY 10506 LACERA DR TAMPA FL 33618	4.1 TITLE	
TITLE		5.1 TITLE	
TITLE		6.1 TITLE	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a different like empowered.

SIGNATURE: Mary A. Hufstetler 4/20/99 813-873-0555
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)