FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

THE CENTER FOR CREATIVE CONSCIOUSNESS, INC.

Principal Place of Business

Mailing Address

19610 WEST LAKE DRIVE

19610 WEST LAKE DRIVE

FILED Apr 17 1997 8:00am Secretary of State



MIAMI FL 33015		MIAMI FL 33	MIAMI FL 33015-2249				[
							3. Date Incorporate 07/17/199		3a. Dat	e of La 14/09/	st Rep 1996	ort
	lace of Business	2a. Mailing	Address	·			4. FEI Number	46			Appl	ed For
21		26					65-0396543			Not Applicable		
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				5. Certificate of Sta	atus Desired	\$8.75 Additional Fee Required			
City & State)	City & 5	State		•		6. Election Campa Trust Fund Cont	-			00 M led to	
Zip	Country	Zip		Country	7		8. This corporation					
24	25	29	Ţ	30			Florida Statutes		Yes Z		01 6, 1	5 5.052,
	9. Name and Addres	s of Current Registered Ap	jent				10. Name and Add	ress of New Re	gistered A	gent		
ļ				B1	Nε	ame						
ANDERS	ON, CLAIRE			82	Sti	reet Addre	ss (P.O. Box Number	is Not Acceptab	le)			
19610 W	EST LAKE DRIVE						at Address (P.O. Box Number is Not Acceptable)					
MIAMI FL	_ 33015			83	ļ							
				84	Cit	ty	<u> </u>		FL	85	Zip Co	de
11. Pursuant t	to the provisions of Section	ons 617.0502 and 617.1508, in the State of Florida. Such pt the obligations of, Section	Florida Statute	s, the abov	e-nai	med corpo	ration submits this sta	tement for the p		changir	ng its r	egistered
	m familiar with, and acce	pt the obligations of, Section	617.0503, Flo	rida Statute	y t⊓e S.	corporatio	IN S DOBICI OI CITECTORS	. т пегеру ассер	it ine appo	ommen	(asre	gisterea
SIGNATURE _	Signature, typed or printed name of	of registered agent and title if applicable	. (NOTE	: Registered Ag	ent sig	natura requires	d when reinstating)		DATE			
12.	OF	FICERS AND DIRECTORS		13.			ADDITIONS/CHA	NGES TO OFFIC	ERS AND	DIREC	TORS	IN 12
TITLE	PD		DELĒTĒ	1.1 TITLE		Ī				☐ Chan	ge	Addition
NAME	ANDERSON, CLAIR	E		1.2 NAME		ļ						
STREET ADDRESS	19610 WEST LAKE	DRIVE		1.3 STREE	T ADDF	KESS						
CHTY-ST-ZIP	MIAMI FL 33015			1.4 CITY-	ST-ZIP							
TITLE	D		DELETE	2.1 TITLE		}				Char	ige (Addition
NAME	ANDERSON, ROBE			2.2 NAME								
STREET ADDRESS	19610 WEST LAKE	DRIVE		2,3 STREE	(ADDP	RESS						
CITY-ST-ZIP	MIAMI FL 33015		····	2. 4 CITY-	ST-ZIF	,						
TITLE	D		DELETE	3.1 TITLE		ļ				Chan	ige {	Addition
NAME	SHULMAN, RUSSEL	T		3.2 NAME								
STREET ADDRESS	19610 W LAKE DR			3.3 STREE		1						
CITY-S1-ZIP	MIAMI FL		DELETE	3.4. CITY-	ST-ZIF	<u> </u>				- Ak	·	4.445
TITLE			DELETE	4.1 TITLE		1		*		Char	ige (Addition
NAME				4. 2 NAME								
STREET ADDRESS				4.3 STREE		1						
CITY-ST-2IP TITLE			DELETE	4.4 City -: 5.1 Title	SI - ZIP					Char	Me 1	Addition
í ····-i			L VILLIL			1				الهان ريـــ	yo (POULEON
NAME CIDELLADORICE				5.2 NAME		icon						
STREET ADDRESS				5.3 STREE		1						
CITY-ST-ZIP TITLE			DELETE	5.4 CITY-	31-ZIP					Char	ide T	Addition
NAME				6.2 NAME		1			,		.g. (
ļ ,				6.3 STREE	מחמג ז	1500						
STREET ADDRESS												
CITY-ST-ZIP				6.4 CITY-1	>1 - LIP							

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.