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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P92000005120 (0)

DOCUMENT #

1. Corporation Name CREATIVE MIND INVESTMENTS, INC.

| CHEA | HAE WIND INVESTMENT | 15, INC. | | | | | | | | |
|--|---|-----------------------|---------------------------------------|--------------------|--------|-------------------|---|-------------------------------------|-------------------------------|--|
| Principal Place o | of Business | Mailing Ad | ldress | | | | I SABEIBBE IIM (Britt erbit Antis an | ile Affili Stell Stelat Br | 191 HB1E 11811 6 B11 1951 | |
| 1341 N. CO COCOA FL | | | 1341 N. COCOA BLVD. COCOA FL 32822 | | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified 11/12/1992 | 3a. Date of La 04/2 | 5/1995 | |
| 2. Principal Plac | ce of Business | 2a. Mailing | Address | | | | 4. FEI Number 59-3148691 | | Applied For Not Applicable | |
| Suite, Apt. # | , etc. | Suite, | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | .75 Additional | |
| City & State | | 27 City & | City & State | | | | 6. Election Campaign Financing | \$: | 5.00 May Be | |
| 23 | | 28 | · · · · · · · · · · · · · · · · · · · | | | | Trust Fund Contribution | | dded to Fees | |
| Zip | Zip Country | | Zip Coun | | Ŋ | | 8, This corporation has liability for intangible tax under s 199 Florida Statutes Yes | | ers 199.032, | |
| 24 | 9. Name and Address of Cu | 29 rrent Registered A | \gent | 1301 | | | 10. Name and Address of New R | egistered Agen | | |
| | 9. | <u> </u> | | 8 | 1 | Name | | | | |
| | ARET, PRATT | | 82 | | | Street Addr | ress (P.O. Box Number is Not Acceptable) | | | |
| | I COCOA BLVD A FL 32922 | | | 8 | 13 | | | | | |
| 0000 | A I L GEOLE | | | 8 | 14 | City | | FL 85 | Zip Code | |
| or registere familiar with SIGNATURE | ed agent, or both, in the State of I h, and accept the obligations of, S | Section 607.0505, i | lorida Statutes | ou by the co | i poi | 1200113 0001 | ation submits this statement for the pur rd of directors. I hereby accept the app | rpose of changing ointment as regis | lered agent. I am | |
| 01017/1012 | Signature, typed or printed name of registered | | . (NO | | gen! | signature require | d when reinstating: ADDITIONS/CHANGES TO OFF | | CTORS IN 12 | |
| 12. | OFFICERS DPST | AND DIRECTORS | DELETE | 13. | F | | ADDITIONS/CHANGES TO GIT | ☐ Cha | | |
| TOLE | PRATT, MARGARET | | | 1.2 NAM | | | | | | |
| NAME STREET ADDRESS | 1341 N COCA BLVD | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | COCOA FL | | • | 1.4 CiTy | y - ST | -ZIP | | | | |
| THUE | | | DELETE | 2 1 7171 | Lŧ | | | ☐ Ch | ange 🗌 Addition | |
| NAME | | | | 2.2 NAM | AE. | İ | | | | |
| STREET ADDRESS | | | | 2.3 STR | EFT A | ADORESS | | | | |
| C11Y - S1 - 71P | | | | 2.4 CITY | | - ZIP | | Ch | ange | |
| TITLE | | | □ DELETE | 3. 1 111 | | 1 | | On | ange [] Adomen | |
| NAME | | | | 3.2 NAN | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| CITY-ST ZIP | | | DELETE | 3.4 CH1 4. 1 TH | | 1 - ZIP | | ☐ Ch | ange Addition | |
| TITLE | | | ☐ becen | 4.2 NAN | | | | _ | . — | |
| NAME | | | | | | ADDRESS | | | | |
| STREET ADDRESS | | | | 4.4 CIT | | | | | | |
| CITY-ST-ZIP | | | DELETE | 5 1 TIT | | | | ☐ CH | arge Addition | |
| TITLE | | | | 5 2 NA) | | | | | | |
| NAME DISCOLADODESCO | | | | | | ADDRESS | | | | |
| STREET ADDRESS | | | | 5.4 CIT | | | | | | |
| CITY - ST - ZIP | | | DELETE | 6 1 117 | _ | | | □ CI | narige Addition | |
| TITLE | | | | 6.2 NA | | | | | | |
| NAME OWEST ADDRESS | | | | | | ADDRESS | | | | |
| STREET ADDRESS | 1 | | | 0000 | | | | | | |

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 11 if changed, or on an attachment with an address. 4-19-96 636-16160 SIGNATURE:

6.4 CITY - ST - ZIP