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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000023237

1. Corporation Name

CREATIVE GUIDANCE COMPANY, INC.

Principal Place of Business Mailing Address								-  1 1885:1885 118 18180 1851: 881:1 881:1 861:1 87	iisid andra isisir	31566 (1	III 1 <b>45</b> ) 1 <b>45</b> (
C/O BRAUNSTEIN & STERN		C/O E	C/O BRAUNSTEIN & STERN								
60 E 42 STREET. #3112		60 E 42 STREET. #3112				DO NOT WRITE IN THIS SPACE					
NEW YORK NY 10165		NEW Y	NEW YORK NY 10165					3. Date Incorporated or Qualifed			
								03/29/1993			,
2 Principal P	lace of Business	2a. M	lailing Address		_			4. FEI Number	I	App	ied For
	idee of Education	26						13-3707059		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						_	\$8.7	75 Ac	Iditional
22		27						5. Certificate of Status Desired	Fe	e Req	uired
City & State		C	City & State			<del>-</del>		6. Election Campaign Financing	\$5	:00-N	lay Be
23		28						Trust Fund Contribution	Add	ded to	Fees
Zip	Country	Zi	` .	Cour	ntry			8. This corporation owes the current year		_	7.1.0
24	25	29		30				Personal Property Tax.	20 Yes		∃No
	9. Name and Address of Curre	ent Register	ed Agent		81	Nan		10. Name and Address of New Register	ea Agent		
DDI I	MBERGER, RICHARD				٠'	(Vall					
	RIVERWAY DRIVE					Stre	et Addre	ess (P.O. Box Number is Not Acceptable)			
	O BEACH FL 32962			}	83	<u> </u>					
¥C	O DESCRIPTE GEOGE				•	1					
					84	City			<b>- L</b>  85	Zip Co	ode
office or r	egistered agent, or both, in the Stat im familiar with, and accept the obliq	te of Florida, gations of, Se	Such change was au ection 607.0505, Flor	uthorized rida Statu	by ites	the co	orporatioi	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	pontinent a	as regi	stered .
40	Signature, typed or printed name of registered a OFFICERS A		<u> </u>	Registered	Agen	t signati	ire required	ADDITIONS/CHANGES TO OFFICERS		CTOF	S IN 12
TITLE	P	WE DIRECT	DELETE	1,1 TIT	LE				☐ Cha		Addition
NAME	GRUBER, CYRIL		_	1.2 NA	ME						
STREET ADDRESS	TA DUTALAN DIND			1.3 ST	REET	ADORE	SS				
CITY-ST-ZIP	ATLANTIC BEACH NY 11509			1.4 CIT	Y-S1	T-ZIP					
TITLE	7,12 4,110 4,110 1,100		☐ DELETE	2.1 TIT	ιE				Cha	inge	Addition
NAME				2.2 NA	ME						
STREET ADDRESS				2.3 ST	REET	T ADDRE	:SS	•			
CITY-ST-ZIP				2.4 CI	TY-S	T-ZIP					
TITLE			☐ DELETÉ	3.1 TIT	LE				Cha	iuĝe	☐ Addition
NAME				3.2 NA	ME				•		
STREET ADDRESS				3.3 ST	REET	TADDRE	SS	•			
CITY-ST-ZIP			- Delete	3.4. CI		T- ZIP			☐ Cha	2006	Addition
TITLE			☐ DELETE	4.1 TIT						ngo	☐ Madelott
NAME				4. 2 N							
STREET ADDRESS						TADDRE	.ss				
CITY-ST-ZIP			☐ DELETE	4.4 CI		T- ZIP	<del></del>		☐ Cha	ange	☐ Addition
TITLE			- DELETE	5.1 MA							_
NAME						T ADDRE	:SS				
STREET ADDRESS				5.4 CIT							
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TIT			+		☐ Cha	ange	Addition
NAME				6.2 NA	ME						
OTDEET ADDRESS				6.3 ST	REET	T ADDRE	ess				

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify by 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 occurate 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 fastee inpowered 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 a address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90078 046 \*\*\*150.00