SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000025774 (9)

CREATIV		TECTURAL CAS		` ,			į			Biji 1 88 0 (83)		
Principal Place of Business Mailing Address							\neg	L CORNERS AND TOTAL AND LEGIC SERVE DRAI	I BOME HEEL	Biliti (BA)4 (BA)(Cift III	
531 W. HWY. 19 VALPARIASO FL US				531 W. HWY. 190 Valpariaso fl 32580 US			-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report				
								04/02/1993	· i	09/1996	opo.t	
2. Principal Place of Business			2a. Mailing A	2a. Mailing Address				4. FEI Number			plied For	
21			26					59-3181047		No	1 Applicable	
Suite, Apt. #, etc.			 	Suite, Apt. #, etc.				5. Certificate of Status Desired	X	\$8.75 / Fee Re		
City & State			City & Sta	City & State				C Clastica Octobrina Financia				
23				28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	,	Country	Zip		Country			8. This corporation owes or has pa	aid the cui			
24		25	29		30			Personal Property Tax due June	30.)	Yes [] No	
			rrent Registered Age	nt	81	NI		10. Name and Address of New Ro	gistered	Agent		
	RN, CHARL	.ES D.			81	Name						
105 LINDA CT.				82 Street Ad			ddress	(P.O. Box Number is Not Accepta	ble)	,		
SUITE 8 NICEVILLE FL 32578				83								
MOL	VILLE I L S	2070								11 -:		
					84	City		FL 85 Zip Code				
11. Pursuant	to the provis	ions of Sections 607.	0502 and 607.1508, Fi	lorida Statut	es, the above	e-named c	corpore	ation submits this statement for the 's board of directors. I hereby acce	purpose o	f changing it	s registered	
agent. I a	ım fam iliar w	ith, and accept the ol	bligations of, Section 6	307.0505, Fid	orida Statutes	s.	OILHOIT	a board of directors. Thereby boco	pr the app	John Morn as	registered	
SIGNATURE	Planeline himse	Los evictorios por por los con	d agent and title if applicable.	AICI	E.: Registered Ago	ot signatus u	- Suirad u	thon salestotina)	DATE			
12.	Signature, typed		AND DIRECTORS	(40)		ALL GIGHTER THE	equi ou v					
TITLE	- A-				13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	IS IN 12	
1.722	PST			DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR Change	S IN 12	
NAME	HALEY, A	NNA MARIE		DELETE				ADDITIONS/CHANGES TO OFFI	CERS AND			
	HALEY, A	NNA MARIE A CT.		DELETE	1.1 TITLE	ADDRESS		ADDITIONS/CHANGES TO OFFI	CERS AND			
NAME STREET ADDRESS CITY-ST-ZIP	HALEY, A 108 LINDA NICEVILLE	NNA MARIE A CT.			1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ì		ADDITIONS/CHANGES TO OFFI	CERS AND	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	HALEY, A 106 LIND/ NICEVILLI VP	NNA MARIE A CT. E FL		DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	ì		ADDITIONS/CHANGES TO OFFI	CERS AND			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	HALEY, A 106 LINDA NICEVILLI VP HALEY, M	NNA MARIE A CT. E FL IICHAEL WILLIA			1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	T-ZIP		ADDITIONS/CHANGES TO OFFI	CERS AND	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	HALEY, A 108 LIND/ NICEVILLE VP HALEY, M 108 LIND/	NNA MARIE A CT. E FL IICHAEL WILLIA A CT.			1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	T-ZIP ADDRESS		ADDITIONS/CHANGES TO OFFI	CERS AND	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	HALEY, A 106 LINDA NICEVILLI VP HALEY, M	NNA MARIE A CT. E FL IICHAEL WILLIA A CT.			1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	T-ZIP ADDRESS		ADDITIONS/CHANGES TO OFFI	CERS AND	Change	Addition	
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14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address.

SIGNATURE: (MY

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9/15/97 and long 5540

FILED

Sep 25 1997 8:00am

Secretary of State