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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90092 020 ***158.75

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1. Corporation Name
CREATIVE ARCHITECTURAL CASTINGS, INC.

Principal Place of Business
**531 VALPARAISO PARKWAY
VALPARAISO FL 32580
US**

Mailing Address
**531 VALPARAISO PARKWAY
VALPARAISO FL 32580
US**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ACORN, CHARLES D.
105 LINDA COURT
NICEVILLE FL 32578**

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

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME **HALEY, ANNA MARIE**
STREET ADDRESS **106 LINDA CT.**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE VPMS ☐ DELETE

NAME **LASSO, JOHN W**
STREET ADDRESS **106 LINDA CT.**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE T ☐ DELETE

NAME **SCHONEWITZ, RONALD**
STREET ADDRESS **106 LINDA CT.**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE V ☐ DELETE

NAME **HALEY, MICHAEL W**
STREET ADDRESS **106 LINDA COURT**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE D ☐ DELETE

NAME **ACORN, CHARLES D**
STREET ADDRESS **105 LINDA COURT**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anna Marie Haley

4/30/99

850-678-5546

CR2E034 (11/98)