

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000046308 (1)

1. Corporation Name

CREATIVE OPPORTUNITIES, INC.

Principal Place of Business

10101 G W SAMPLE RD
CORAL SPRINGS FL 33065
US

Mailing Address

10101 G W SAMPLE RD
CORAL SPRINGS FL 33065
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/24/1993

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21 2139 UNIVERSITY DR.

2a. Mailing Address

26 2139 UNIVERSITY DR.

Suite, Apt. #, etc.

22 137

Suite, Apt. #, etc.

27 137

City & State

23 CORAL SPRINGS, FL

City & State

28 CORAL SPRINGS, FL

Zip

24 33071

Country

Zip

29 33071

Country

30

9. Name and Address of Current Registered Agent

MURPHY, PAUL
4040 MARINERS WAY
APT. H
COCONUT CREEK FL 33063

CHANGE

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9615 NW 4TH ST

83

84 City

CORAL SPRINGS

FL

85

Zip Code
33071

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 of applicant

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
THURSTON, RICHARD M
10965 NW 1ST MANOR
CORAL SPRINGS FL 33071

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
MURPHY, PAUL
4040 MARINERS WAY, APT. H
COCONUT CREEK FL 33063

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS 11263 W. ATLANTIC BLVD # 308

14 CITY - ST - ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS 9615 NW 4TH ST

24 CITY - ST - ZIP CORAL SPRINGS, FL 33071

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information submitted 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 (changed), or on an attachment with an address.

SIGNATURE:

R. M. Thurston

R. M. THURSTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95

(305) 755-1237