## 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

DOCUMENT #

1. Corporation Name

C/TY+ST+Z/P

P93000052508 (7)

FLYNN'S CREATIVE SOLUTIONS, INC.

FLYNN'S CHEATIVE SOLUTIONS, INC.						
Principal Place	of Business	Mailing Address				11 BB 114 OD184 B1110 51801 64914 08584 1811 1881
609 SEVILLE COURT 609 SEVILLE COU SATELLITE BEACH FL 32937 SATELLITE BEACH						
					3. Date incorporated or Qualified 07/27/1993	3a. Date of Last Report 05/01/1995
F		2a. Mailing Address			4. FEt Number	Applied For
21 26		<del> </del>			59-3200438	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	5.00 May Be
23		28	······································		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	ı	8. This corporation has liability for in	
24	25	29	30		Florida Statutes Yes	<b>X</b> No.
	9, Name and Address of Curren	it Hegistered Agent	81	Name	10. Name and Address of New Ro	ogistered Agent
			١٠.	Marrie		
FLYNN, RICHARD P			82	Street Add	ress (P.O. Box Number is Not Acceptable	е)
609 SEVILLE COURT			83			
SATEL	LITE BEACH FL 32937		03			
			84	City		FL 85 Zip Code
or registere familiar wit SIGNATURE	ed agent, or both, in the State of Floric h, and accept the obligations of, Sect	da. Such change was authori ion 607.0505, Florida Statute:	zed by the corp s.	oration's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its registered office intment as registered agent. I am
	Signature, typed or printed name of registered agent		OTE: Registered Ager	il signature require		DATE
12. TITLE	OFFICERS ANI	D DIRECTORS  DELETE	13.	······································	ADDITIONS/CHANGES TO OFFI	
	_		1. 1 TITLE			☐ Change ☐ Addition
NAME	FLYNN, RICHARD P 609 SEVILLE COURT		1.2 NAME	LODDECOA		
STREET ADORESS	ALTERIATE BELALLER ALABA		1.3 STHEET ADDRESS			
CITY-ST-ZIP TITLE			1.4 CiTY-5 2 1 TiTLE	ST - ZIP		☐ Change ☐ Addition
NAME				1		Change Audition
	FLYNN, INGEBORG M 609 SEVILLE COURT		2 2 NAME	1000ccc		
STREET ADDRESS	SATELLITE BEACH FL 3293	17	2 3 STREET	í		
CITY-ST-ZIP TITLE	SATELLITE DEACH PL 3280	DELETE	2.4 City-5 3.1 Title	ol-ZIP	*	Change Addition
NAME	FLYNN, MELANIE P	<b>A</b>	3.2 NAME			
STREET ADDRESS	412 HAWTHORNE COURT		3.3. STREE	T ADDRESS		
CITY-ST-7IP	INDIAN HARBOR BEACH F	32037	3.4 CITY-5	1		
TITLE	INDIAN HARBON BEACH II	□ DELETE	4. 1 TITLE	,1-211		Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		•
CITY-ST-ZIP			4.4 City - S			
TITLE	☐ DELETE		5. 1 Ti`LE			Change Addition
NAME		_	5.2 NAME	ŀ		_ · <b>_</b>
STREET ADDRESS			5.3 STREET	ADDRESS		
C-TY - ST - ZiP			5 4 CiTY - S	ŀ		
TITLE		☐ DELETE	6.1 TI'LE			Change Addition
NAME		_	6.2 NAME			_ <del>_</del>
STREET ADDRESS			6.3 STREET	ADDRESS		

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 119.07(3)(k), 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 logal 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.

6.4 CITY - ST - ZIP

SIGNATURE: Richard P. Flynn St. 4/23/9 6 407 242 4714

CR2E034 (12/95)