

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

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95 APR 27 AM 9:04

TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Landra B. Montemayor Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000004568 (9)

1. Corporation Name

CREATIVE COLLECTION SERVICE, INC.

Principal Place of Business 3750 INVERRARY DR #21U LAUDERHILL FL 33319	Mailing Address 3750 INVERRARY DR #21U LAUDERHILL FL 33319
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DO NOT WRITE IN THIS SPACE

2. Date of Incorporation or Qualification 01/10/1994		3a. Date of Last Report	
4. FEI Number 65-0467190		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under S. 193 (1)(2) Florida Statutes ☐ Yes ☒ No			
21. State, Apt. #, etc.	26. Mailing Address 5557 W. Oakland PK Blvd.	22. City & State	27. Suite, Apt. #, etc. Suite #321
23. City & State	28. City & State Lauderhill, FL	24. Zip	29. Zip 33313
25. Country	30. Country USA		

9. Name and Address of Current Registered Agent PORT, BRIAN E 5584 W OAKLAND PARK BLVD LAUDERHILL FL 33313		10. Name and Address of New Registered Agent 81. Name Pamela Griffin 82. Street Address (P.O. Box Number is Not Acceptable) 3750 Inverrary DR. 83. City Z1U 84. City Lauderhill 85. Zip Code FL 33319	
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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: Pamela Griffin *Pamela Griffin, President* 4-4-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME D GRIFFIN, PAMELA 2. STREET ADDRESS 3750 INVERRARY DR #21U 3. CITY, ST, ZIP LAUDERHILL FL 33319		1.1 NAME	☐ Change ☐ Addition
4. NAME		1.2 NAME	
5. NAME		1.3 STREET ADDRESS	
6. NAME		1.4 CITY, ST, ZIP	☐ Change ☐ Addition
7. NAME		2.1 NAME	
8. NAME		2.2 NAME	
9. NAME		2.3 STREET ADDRESS	
10. NAME		2.4 CITY, ST, ZIP	☐ Change ☐ Addition
11. NAME		3.1 NAME	☐ Change ☐ Addition
12. NAME		3.2 NAME	
13. NAME		3.3 STREET ADDRESS	
14. NAME		3.4 CITY, ST, ZIP	☐ Change ☐ Addition
15. NAME		4.1 NAME	☐ Change ☐ Addition
16. NAME		4.2 NAME	
17. NAME		4.3 STREET ADDRESS	
18. NAME		4.4 CITY, ST, ZIP	☐ Change ☐ Addition
19. NAME		5.1 NAME	☐ Change ☐ Addition
20. NAME		5.2 NAME	
21. NAME		5.3 STREET ADDRESS	
22. NAME		5.4 CITY, ST, ZIP	☐ Change ☐ Addition
23. NAME		6.1 NAME	☐ Change ☐ Addition
24. NAME		6.2 NAME	
25. NAME		6.3 STREET ADDRESS	
26. NAME		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and accurate and that my signature shall have the same legal effect as if made under oath. I will keep an office or domicile of the corporation or the treasurer or person empowered to conduct this report as required by Chapter 492, Florida Statutes, and that my name appears in Block 1, or Block 2 if changed or on an attachment with an address.

SIGNATURE: *Pamela B. Griffin* Pamela Griffin, President 4-4-95 305-486-1546