PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000014376

1. Corporation Name

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City & State

CREASMAN ENTERPRISES, INC.

CREASMAN, BEATRICE S

19346 S.W. 262 STREET

Principal Place of Business	Mailing Address		
19346 S W 262 ST HOMESTEAD FL 33031 US	19346 S W 262 ST HOMESTEAD FL 33031 US		
2. Principal Place of Business	2a. Mailing Address		
Suite Ant # etc.	Suite Ant # etc.		

28 Country Country Zip 25 30 29

9. Name and Address of Current Registered Agent

City & State

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90120 012 ***158.75



X..

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Applied For

□No

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

_Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

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

02/17/1994 4. FEI Number

65-0469439

MIAMI FL 33031		83							
		35	L.			·			
	•		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 D		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition		
NAME	Creasman, Beatrice S		1.2 NAME	ì	** & *)		
STREET ADDRESS	19346 S.W. 262 STREET		1.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33031		1.4 CITY-\$1	-ZiP					
TITLE		☐ DELETE	2.1 TITLE		JACK L. CREASMAN 19346 SW 262 ST.	Change	Addition		
NAME			2.2 NAME	ĺ	V.P. OLYMAN ST.		,		
STREET ADDRESS			2.3 STREET	ADDRESS	19346 SW 262 311		ļ		
C/TY-ST-ZIP		·	2.4 CITY-S	T-ZIP -	Homestead, F/ 33031				
TITLE	,	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition		
NAME			3.2 NAME						
-STREET ADDRESS	•		3.3 STREET	ADDRESS			Ì		
CITY-ST-ZIP	• .	·	3.4. CITY-5	T-ZIP			J		
TITLE		DELETE	4.1 TITLE			Change	☐ Addition		
NAME			4. 2 NAME	ì			1		
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S1	-ZIP					
TITLE		☐ DELETE	5.1 TITLE	}		Change	Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CTTY-S1	-Z)P					
TITLE	•	☐ DÉLETE	6.1 TITLE	1		Change	☐ Addition		
NAME			6.2 NAME						
STREET ADDRESS	•		6.3 STREET	ADDRESS			Ì		
CITY-ST-ZIP	·		6.4 CITY-ST						
14. I hereby certify that the information supplied with this filling 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 all other like empowered.									

81 Name

SIGNATURE: