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|                                      |                                                                                   |                                                                                                    |
|--------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| CORPORATION<br>ANNUAL REPORT<br>1995 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mathern<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # P94000014607 (3)

1. Corporation Name

CREATIVE COMPUTER IDEAS, INC.

Principal Place of Business

4 MIRACLE STRIP PKWY  
#19  
FT. WALTON BEACH FL 32548

Mailing Address

4 MIRACLE STRIP PKWY  
#19  
FT. WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1994

3a. Date of Last Report

2. Principal Place of Business

21 130 B PERRY AVE SE

2a. Mailing Address

26 130 B PERRY AVE SE

4. FEI Number

59-3227986

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, ROBERT W  
429 PAGE BACON RD.  
SUITE 220  
MARY ESTHER FL 32569

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 ROBERT W MOORE, PRESIDENT

(NOTE: Registered Agent signature required when re-registering)

3/13/95

12. OFFICERS AND DIRECTORS

TITLE ROBERT W MOORE, PRESIDENT  
NAME  
STREET ADDRESS 429 PAGE BACON RD, #220  
CITY ST ZIP MARY ESTHER FL 32569

TITLE SECRETARY/TREASURER  
NAME PATRICIA BARTHEL-MOORE  
STREET ADDRESS 429 PAGE BACON RD #220  
CITY ST ZIP MARY ESTHER FL 32569

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

14 CITY ST ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

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 noted in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 this 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.

SIGNATURE: ROBERT W MOORE Robert W Moore

3/13/95

904 243 0422

RW 3-28-95

CONFIRMATION