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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000020165 (4)

1. Corporation Name  
CREATIVE MINDS CONSULTING, INC.

Principal Place of Business  
100 CRYSTAL RIDGE COURT  
LAKE MARY FL 32746

Mailing Address  
100 CRYSTAL RIDGE COURT  
LAKE MARY FL 32746-2719



2. Principal Place of Business  
21 519 MASALO PLACE  
Suite, Apt. #, etc.  
22  
City & State  
23 LAKE MARY, FL  
Zip Country  
24 32746 25  
2a. Mailing Address  
26 519 MASALO PLACE  
Suite, Apt. #, etc.  
27  
City & State  
28 LAKE MARY, FL  
Zip Country  
29 32746 30

3. Date Incorporated or Qualified 03/10/1994  
3a. Date of Last Report 05/01/1996  
4. FEI Number 59-3231475  
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

WOLFE, LARRY  
200-A JOHN KNOX ROAD  
TALLAHASSEE FL 32303-6843

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PVTS	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SIELOFF, ANN L.			12 NAME			
STREET ADDRESS	100 CRYSTAL RIDGE CT			13 STREET ADDRESS			
CITY - ST - ZIP	LAKE MARY FL			14 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				22 NAME			
STREET ADDRESS				23 STREET ADDRESS			
CITY - ST - ZIP				24 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY - ST - ZIP				34 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY - ST - ZIP				44 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY - ST - ZIP				54 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY - ST - ZIP				64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing 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 an address.

SIGNATURE: REQUIRED 4/29/97 (407) 321-8244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)