

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 05, 1999 8:00am**  
**Secretary of State**

02-05-1999 90002 005 \*\*\*150.00

DOCUMENT # **P94000037957**

Corporation Name  
**CREATIVE DECORATING, INC.**

Principal Place of Business

AKRON AVE.  
STUART FL 34994

Mailing Address

217 AKRON AVE.  
STUART FL 34994



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

05/19/1994

4. FEI Number

65-0530867

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SANFORD, SUZAN  
785 N.W. SABLE STREET  
PORT ST. LUCIE FL 34983

81 Name

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

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME SANFORD, SUZAN 785 N.W. SABLE STREET PORT ST. LUCIE FL 34983	<input type="checkbox"/>	1.1 TITLE	
2. NAME CLAUS, HAROLD 1203 RAILROAD ST. JENSEN BEACH FL 34957	<input type="checkbox"/>	1.2 NAME	
3. NAME	<input type="checkbox"/>	1.3 STREET ADDRESS	
4. NAME	<input type="checkbox"/>	1.4 CITY-ST-ZIP	
5. NAME	<input type="checkbox"/>	2.1 TITLE	
6. NAME	<input type="checkbox"/>	2.2 NAME	
7. NAME	<input type="checkbox"/>	2.3 STREET ADDRESS	
8. NAME	<input type="checkbox"/>	2.4 CITY-ST-ZIP	
9. NAME	<input type="checkbox"/>	3.1 TITLE	
10. NAME	<input type="checkbox"/>	3.2 NAME	
11. NAME	<input type="checkbox"/>	3.3 STREET ADDRESS	
12. NAME	<input type="checkbox"/>	3.4 CITY-ST-ZIP	
13. NAME	<input type="checkbox"/>	4.1 TITLE	
14. NAME	<input type="checkbox"/>	4.2 NAME	
15. NAME	<input type="checkbox"/>	4.3 STREET ADDRESS	
16. NAME	<input type="checkbox"/>	4.4 CITY-ST-ZIP	
17. NAME	<input type="checkbox"/>	5.1 TITLE	
18. NAME	<input type="checkbox"/>	5.2 NAME	
19. NAME	<input type="checkbox"/>	5.3 STREET ADDRESS	
20. NAME	<input type="checkbox"/>	5.4 CITY-ST-ZIP	
21. NAME	<input type="checkbox"/>	6.1 TITLE	
22. NAME	<input type="checkbox"/>	6.2 NAME	
23. NAME	<input type="checkbox"/>	6.3 STREET ADDRESS	
24. NAME	<input type="checkbox"/>	6.4 CITY-ST-ZIP	

I 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, with all other like empowered.

SIGNATURE: *Suzan Sanford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/99 541-871-2261

CR2E034 (11/98)