

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Mouton  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 2:01

DOCUMENT # **P94000053156 (3)**

1. Corporation Name

**CREATIVE SPIRITS ENTERPRISES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office Location

**3060 CRYSTAL WAY  
MIRAMAR FL 33025**

Mailing Address

**3060 CRYSTAL WAY  
MIRAMAR FL 33025**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Rechartered  
**07/19/1994**

3a. Date of Last Report  
**New**

2. Principal Office Location

**21** State: **FL**

2a. Mailing Address

**26** State: **FL**

4. FEI Number

**65 0506247**

Applied For

Not Applicable

22

23

24

25

29

30

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 not been organized for purposes for under Chapter 199, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

81 Name **MARVIN S. ARONOFF**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3060 CRYSTAL WAY**

83  
84 **MIRAMAR**

FL 85 Zip Code **33025**

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 607.0503, Florida Statutes.

SIGNATURE

*Christina E. Aronoff*

(Type the name of registered agent in this space)

**4-28-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Check Change or Addition)

TITLE: **P**  
NAME: **ARONOFF, CHRISTINA E**  
STREET ADDRESS: **3060 CRYSTAL WAY**  
CITY, STATE, ZIP: **MIRAMAR FL 33025**

1. TITLE: **V**  
NAME: **ERIC D. ARONOFF**  
2. STREET ADDRESS: **6930 SW 25 ST.**  
3. CITY, STATE, ZIP: **MIRAMAR, FL 33023**

TITLE: **ST**  
NAME: **LUCIGINA ARONOFF**  
STREET ADDRESS: **6930 SW 25 ST.**  
CITY, STATE, ZIP: **MIRAMAR, FL 33023**

4. TITLE: **ST**  
NAME: **LUCIGINA ARONOFF**  
5. STREET ADDRESS: **6930 SW 25 ST.**  
6. CITY, STATE, ZIP: **MIRAMAR, FL 33023**

TITLE: **ST**  
NAME: **LUCIGINA ARONOFF**  
STREET ADDRESS: **6930 SW 25 ST.**  
CITY, STATE, ZIP: **MIRAMAR, FL 33023**

7. TITLE: **ST**  
NAME: **LUCIGINA ARONOFF**  
8. STREET ADDRESS: **6930 SW 25 ST.**  
9. CITY, STATE, ZIP: **MIRAMAR, FL 33023**

TITLE: **ST**  
NAME: **LUCIGINA ARONOFF**  
STREET ADDRESS: **6930 SW 25 ST.**  
CITY, STATE, ZIP: **MIRAMAR, FL 33023**

10. TITLE: **ST**  
NAME: **LUCIGINA ARONOFF**  
11. STREET ADDRESS: **6930 SW 25 ST.**  
12. CITY, STATE, ZIP: **MIRAMAR, FL 33023**

TITLE: **ST**  
NAME: **LUCIGINA ARONOFF**  
STREET ADDRESS: **6930 SW 25 ST.**  
CITY, STATE, ZIP: **MIRAMAR, FL 33023**

13. TITLE: **ST**  
NAME: **LUCIGINA ARONOFF**  
14. STREET ADDRESS: **6930 SW 25 ST.**  
15. CITY, STATE, ZIP: **MIRAMAR, FL 33023**

TITLE: **ST**  
NAME: **LUCIGINA ARONOFF**  
STREET ADDRESS: **6930 SW 25 ST.**  
CITY, STATE, ZIP: **MIRAMAR, FL 33023**

16. TITLE: **ST**  
NAME: **LUCIGINA ARONOFF**  
17. STREET ADDRESS: **6930 SW 25 ST.**  
18. CITY, STATE, ZIP: **MIRAMAR, FL 33023**

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.05(3)(b), 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of this report, or as an attachment with an affidavit.

SIGNATURE:

*Christina E. Aronoff*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

**4-28-95**

**305-436-9553**