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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 24 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000054172 (9)

CREATIVE CUSTOM CARS, INC.

Principal Place	of Rusinass	Mailing A	uddross							
Principal Place of Business Mailing Address  4451 112TH TERR. NO. 4451 112TH TERR. NO. CLEARWATER FL 34622 CLEARWATER FL 34622-4909										
							3. Date Incorporated or Qualified 07/18/1994		ite of Last F )1/1996	Report
2. Principal Pil	ace of Business	2a. Mailin	2a. Mailing Address				4. FEI Number		A	pplied For
1	y ata	26	Suite, Apt. #, etc.				59-3314155			ot Applicable
Suite, Apt. #		27	·				6. Certificate of Status Desired			Additional equired
City & State	•	<u></u>	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	28 Zip		Cou	intry		This corporation has liability for			
4	25	29		30	•				] No	1. 103.032.,
	9. Name and Address of Curre	nt Registered /	Agent				10. Name and Address of New Re	gistered /	lgent	
	SON, WILLIAM				81	Name				
	112TH TERR. NO.		}7			Street Add	Address (P.O. Box Number is Not Acceptable)			
CLEA	VRWATER FL 34622									
					83					
					84	City		FL	<b>85</b> Zip	Code
SIGNATURE	n familiar with, and accept the oblig Signature, lyped or printed name of registered an	ient and title if applica	tble. (NO)	E: Registere			irod when reinstating)	DATE		
12.		ID DIRECTORS		13.	. <del></del> -	<del></del>	ADDITIONS/CHANGES TO OFFICE	CERS AND		
TITLE	d Benson, William		[] DELETE	1.1 1		}			☐ Change	Addition
NAME .   STREET ADDRESS	4451 112TH TERR. NO.			1.2 N		ADDRESS				
CITY-S1-ZIP	CLEARWATER FL 34622				ily-St	· · ·				
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NAME				2.2 N	AME	ĺ				
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STREET ADDRESS						ADDRESS				
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NAME				4.2 Ņ		ł				
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NAME				5.2 N					onlings	E FROSITION
STREET ADDRESS				1		ADDRESS				
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MAME				6.2 N	AME	}				
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CITY-ST-ZIP		ar			ITY - ST			- 16		
STREET ADDRESS  CITY-ST-ZIP  TITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  14. I do hereb Information I am an off	indicated on this ennual report or :	supplemental a r the receiver or	g does not quali nnual report is t r trustoe empow	5.3 S 54 C 6.1 Ti 6.2 N 6.3 S 6.4 Ci fly for the true and a vered to s	TREET A HIY-ST HILE AME TREET A HIY-ST OXOT ACCOU	AUDRESS 1-ZIP mption statedrate and tha	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S	d effe	ect as	urther certify that act as if made un