

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 29 1997 8:00am
Secretary of State

DOCUMENT # P94000059671 (5)

1. Corporation Name
CREATIVE ENHANCEMENT, INC.



Principal Place of Business

280 SO BR 434
SUITE 2045
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

5100 JAMESTOWN AVE
6
NEW PORT RICHEY FL 34652-2160
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 1135 BRANTLEY ESTATES DR.
Suite, Apt. #, etc.

27 City & State

28 ALTAMONTE SPRINGS FL
Zip Country

29 32714 30 US

3. Date Incorporated or Qualified

08/12/1994

3a. Date of Last Report

04/23/1996

4. FEI Number

59-3284809

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

DIVINE, RUSSELL W
14 EAST WASHINGTON STREET
SUITE 500
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME EKSTROM, CAROLE
STREET ADDRESS 206 SHADOW BAY BLVD. S.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE STD
NAME OSBORNE, DONNA
STREET ADDRESS 5100 JAMESTOWN AVE, UNIT 6
CITY-ST-ZIP NEW PORT RICHEY FL

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

1.1 TITLE BOARD OF DIR.
1.2 NAME EKSTROM, CAROLE
1.3 STREET ADDRESS 206 SHADOW BAY BLVD S
1.4 CITY-ST-ZIP LONGWOOD FL 32779

2.1 TITLE P.S.D.
2.2 NAME OSBORNE, DONNA
2.3 STREET ADDRESS 1135 BRANTLEY ESTATES DRIVE
2.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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

[Signature]

4.20.82

CR2E034 (9/96)