

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000069327 (2)**

1. Corporation Name

CREATIVE PROPERTY MAINTENANCE, INC.



Principal Place of Business

Mailing Address

**2320 GULFSTREAM DR
MIRAMAR FL 33023
US**

**2320 GULFSTREAM DR
MIRAMAR FL 33023
US**

2. Principal Place of Business
21 **8420 S.W. 3rd Ct.**
Suite, Apt. #, etc.
22 **#107**
City & State
23 **Pembroke Pines, FL.**
Zip
24 **33025** Country
25 **U.S.**

2a. Mailing Address
26 **8420 S.W. 3rd Ct.**
Suite, Apt. #, etc.
27 **#107**
City & State
28 **Pembroke Pines, FL.**
Zip
29 **33025** Country
30 **U.S.**

3. Date Incorporated or Qualified
09/19/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0520344

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

**CONNORS, KRISTIE
2320 GULFSTREAM DR
MIRAMAR FL 33023**

10. Name and Address of New Registered Agent

81 Name
Connors, Kristie

82 Street Address (P.O. Box Number is Not Acceptable)
8420 S.W. 3rd Ct. #107

83 **Pembroke Pines**

84 City
FL

85 Zip Code
33025

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

1.1 TITLE
P

1.2 NAME
CONNORS, KRISTIE

1.3 STREET ADDRESS
2320 GULFSTREAM DR

1.4 CITY-ST-ZIP
MIRAMAR FL

2.1 TITLE ☐ DELETE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ DELETE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
Connors, Kristie

1.3 STREET ADDRESS
8420 S.W. 3rd Ct. #107

1.4 CITY-ST-ZIP
Pembroke Pines, FL. 33025

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Kristie Connors
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96 1-954-450-1631

Date

Daytime Phone #

CR2E034 (12/95)