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FILED  
Feb 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000077431 (2)

1. Corporation Name

CREATIVE SERVICES AND THEME EVENTS, INC.

Principal Place of Business

4071 L.B. MCLEOD RD  
SUITE E  
ORLANDO FL 32811

Mailing Address

4071 L.B. MCLEOD RD  
SUITE E  
ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1994

4. FEI Number

59-3276077

Applied For

Not Applicable

5. Certificate of Status Desired

Q

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 4380 36th Street  
Suite, Apt. #, etc.

22 City & State  
23 Orlando FL

24 Zip 32811 25 Country USA

2a. Mailing Address  
26 4380 36th Street  
Suite, Apt. #, etc.

27 City & State  
28 Orlando FL

29 Zip 32811 30 Country USA

9. Name and Address of Current Registered Agent

LANGLEY, RICHARD H  
700 ALMOND ST  
CLERMONT FL 34712-0188

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 PD  
NAME JOHNSON, DARREN  
STREET ADDRESS 819 CHESTNUT ST.  
CITY-ST-ZIP CLERMONT FL ☐ DELETE

TITLE STD  
NAME JOHNSON, KAREN  
STREET ADDRESS 819 CHESTNUT ST.  
CITY-ST-ZIP CLERMONT FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 11206 Crescent Bay Blvd.  
1.4 CITY-ST-ZIP CLERMONT, FL 34711 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 11206 Crescent Bay Blvd.  
2.4 CITY-ST-ZIP CLERMONT, FL 34711 ☒ Change ☐ Addition

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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

SIGNATURE: Karen M. Johnson 1/27/98 407-648-1133

CR2E034 (10/97)