## .F4LE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #	P94000092182
4. Compretion Name	

CREATIVE WEDDINGS OF TAMPA BAY, INC.

Principal Place of Business

5607 N. ARMENIA AVENUE **TAMPA FL 33603** 

Mailing Address

5607 N. ARMENIA AVENUE TAMPA FL 33603

DECRETARY OF STATE

00 JUL -6 AM 11: 38



REINSTATEMENT

						3. Date Incorporated or Qualifed 12/21/1994				
- D-iiI D	lace of Business	a. Mailing Address			4. FEI Number Applied For					
z. Principai P	lace of Business	of Business 2a, Mailing Address 26				59-3350259			Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				1		\$8.75 A		
2		27				5. Certificate of Status Desired Fee Required				
City & State		City & State				6. Election Campaign Financing \$5.00 May Be				
1		28			Trust Fund Contribution Added to Fees					
Zip	Country	Zip Cour				8. This corporation owes the current year Intangible				
≟¦ ~:	25	29 30			4	Personal Property Tax. ☐ Yes ☐ No				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
MEL	CON EDUADDO M		1	81	Name					
MELCON, EDUARDO M			82 Street Address (P.O. Box Number is Not Acceptable)							
2113 ST. ISABEL TAMPA FL 33607										
1 AW	FA FE 33001			83						
			ł	84	City	·	<b>—</b>	85 Zip C	ode	
							FL			
11. Pursuant	to the provisions of Sections 607.0502 egistered ogen of both, in the State of m.familia. with and accept the obligation	and 607.1508, Florida Statute	s, the at	ove-	named corponation	oration submits this staten in's board of directors. I he	ent for the purpose of ereby accept the appoi	changing its r intment as req	egistered istered	
agent.la	m familia with and accept the obligation	ons of Section 607.0505, Flori	ida:Statu	ites.	· · · · · · · · · · · · · · · · · · ·	***	, 1	<del></del>		
SIGNATURE	GIII ED	DIE ME/com				· _	6/30	<u>/2000</u>		
	Signature, typed or printed name of registered agent			Agent	signature required	d when reinstating)	/ DATE /		20.0140	
<b>12.</b>	D OFFICERS AND	D DIRECTORS DELETE	13.			ADDITIONS/CHANG	SES TO OFFICERS AN	DIRECTOR  Change	Addition	
ITLE		□ DECEIG				r		L_ onlingo	, nacino	
NAME	MELCON, EDUARDO M 2113 ST. ISABEL		1.2 NA							
STREET ADDRESS					NDORESS					
City-St-Zip	TAMPA FL 33607	☐ DELETE	=	TY-ST-	· i			Change	Addition )	
ITLE	D MELOON MADTHA	DELLIC	2.1 TIT		\$				_	
NAME	MELCON, MARTHA 2113 ST. ISABEL		2.2 NA			300	0,0,3,3,28	(3)33		
STREET ADDRESS	TAMPA FL 33607				ADDRESS	•	-07/19/00			
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TITLE .		- DELETE	3.1 III			- Ž				
NAME	MELCON, EDUARDO M SR -3121:W=PARIS				DORESS		بست المستحجينية بنسن		استحدوث	
STREET AUDRESS	TAMPA FL 33614				1					
CITY-ST-ZIP ITTLE		· DELETE	4.1 TIT	TY-ST- ILE	· ZIF		÷	☐ Change	☐ Addition	
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NAME			6.2 NA	ME				_ •	- ,	
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CITY-ST-ZIP			<b></b> 3							

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 for on an attachment with an address, with all other like empowered.