

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 # P95000000173 (1)

1. Corporation Name

CREATIVE ALTERNATIVES, INC.

Principal Place of Business

24703 U.S. 19 NORTH
SUITE 212
CLEARWATER FL 34623

Mailing Address

24703 U.S. 19 NORTH
SUITE 212
CLEARWATER FL 34623

2. Principal Place of Business

21 30359 U.S. 19 N.

Suite, Apt. #, etc.

22

City & State

23 CLEARWATER, FL

Zip

24 34621

Country

25

2a. Mailing Address

26 30359 U.S. 19 N.

Suite, Apt. #, etc.

27

City & State

28 CLEARWATER, FL

Zip

29 34621

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

GLENN, KEVIN
24703 U.S. 19 NORTH
SUITE 212
CLEARWATER FL 34623

3. Date Incorporated or Qualified

01/01/1985

3a. Date of Last Report

4. FEI Number

59-3286476

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

10. Name and Address of New Registered Agent

81 Name

KEVIN GLENN

82 Street Address (P.O. Box Number is Not Acceptable)

30359 U.S. 19 N.

83

84 City

CLEARWATER

FL

85

Zip Code
34621

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

Kevin Glenn

Kevin Glenn

12/27/96

Signature of typed or printed name of registered agent and date of appointment

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME GLENN, KEVIN
STREET ADDRESS 24703 U.S. 19 NORTH, SUITE 212
CITY, ST, ZIP CLEARWATER FL 34623

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☒ Change ☐ Addition

1.2 NAME KEVIN GLENN
1.3 STREET ADDRESS 30359 U.S. 19 N.
1.4 CITY, ST, ZIP CLEARWATER, FL 34621

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

REINSTATEMENT

500002107085--4

03/07/97--01042--011

***375.00 ***375.00

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:

Kevin Glenn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/96

Daytime Phone #

APPROVED
AND
FILED

1997 MAR -6 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

