SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPOSATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

P95000003039 (1)

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CREATIVE STORAGE SYSTEMS INC.

Principal Place of Business

5625 YOUNGOUIST RD. 10 FT MYERS FL 33912

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

2a. Mailing Address

Suite, Apl. #, etc.

5625 YOUNGOUIST RD. 10 FT MYERS FL 33912

FILED

96 SEP 19 PH 2:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified

5. Certificate of Status Desired

01/09/1995

4. FEI Numbe



3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

Not Applicable

City & State	9	28 City & State	City & State			6. Election Campaign Financing S5.UU May Be Trust Fund Contribution Added to Fees	
23 Z ₁ p	Country	Z.p	Cour			8. This corporation has liability for intangible tax under s. 199.032.	
24	25	29	30			Florida Statutes X Yes No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
EPLING, BRADFORD					81 Name		
5825 YOUNGQUIST RD, 10 FT MYERS FL 33912				82	10/04/96 01038 016		
1 7					****225.00 *****225.80		
					City	FL 85 Zip Code	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stai im familiar with, and accept the obti	te of Florida. Such char	nge was authori	zed by .	named corp the corporati	noration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered.	
SIGNATURE	Signature Typed or propled in the of registered a	aneurasis literi ancio atile	(NOTE Beste	ttered Age	nt signature requi	one: when recessating) DAD	
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PIESIRENIT		DELETE 1	1 1 1 TLE		Change Additio	
NAME	TRADFORD KIE	PLING	1	L2 NAME			
STREET ADDRESS	BRADFORD KIE	T RD # 10	1	I.3 STREET	ADDRESS		
CITY - ST - ZIP	FORT NAMERS.	FU 33917	١ ا	I 4 CITY - S	T - 21P		
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STREET ADDRESS				4 3 STREFT	ADDRESS		
CITY-ST-ZIP	†		i .	4 4 CITY - S	ST - ZIP		
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THILE			DELETE	6 1 TiTLE		Change Addition	
NAME			B	6 2 NAME		٨	
STREET ADORESS				63STREE	ADDRESS	Mr 0-20- aug	
CITY - ST - 7IP				6 4 CITY -	ST ZIP	909094	
14. I do here	and the first this information indicated.	on the elegand remort or	eupolomonial:	annuali	CODOT IS THE	alify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I and accurate and that my signature shall have the same legal effect as if ed to execute this report as required by Chapter 617, Florida Statutes, and	

SIGNATURE: Bradford K. Coll.

July 23 2 96 482-6020

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