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

**PROFIT CORPORATION** ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 30, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

04-30-1999 90170 008 \*\*\*150.00

| DOCUMENT #         | P9500001212  | 20 |
|--------------------|--------------|----|
| 4. Compretion Name | 1 3000001212 |    |

CREATIVE REALTY, INC.

| 4243 | <b>NORTH</b> | LAKE | BOUL | F۷ | ARD |
|------|--------------|------|------|----|-----|
|      | BEACH        |      |      |    |     |

Principal Place of Business

Mailing Address

| 4243 NORTH LAKE BOULEVARD PALM BEACH GARDENS FL 33410  4243 NORTH LAKE BOULEVARD PALM BEACH GARDENS FL 33410   |   |   |   |                          |   |  |  |
|--|---|---|---|--------------------------|---|--|--|
|  |   |   |   | DO NOT WRITE IN THIS SPA | DO NOT WRITE IN THIS SPACE  |  |  |
|  |   |   |   |                          | 3. Date Incorporated or Qualifed  |  |  |
|  |   |   |   |                          | 02/10/1995  |  |  |
| 2. Principal P   | lace of Business  | 2a. Mailing Address   |   |                          | 4. FEI Number   | Applied For                              |  |
| 21   |   | 26  |   |                          | 65-0552821  | Not Applicable                           |  |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.   |   |                          | 5. Certifcate of Status Desired   | 8.75 Additional<br>Fee Required          |  |
| City & Stat  | е   | City & State  |   |                          | 1   | \$5.00 May Be<br>Added to Fees           |  |
| Zip  | Country   | Zip   | Zip Country   |                          | 8. This corporation owes the current year Intangible  |  |  |
| 24   | 25  | 29  | 30  |                          | Personal Property Tax.  |  |  |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent   |   |   |   |                          | nt  |  |  |
|  |   |   | 81  | Name                     |   |  |  |
| BAROT, DILOP<br>4243 NORTH LAKE BOULEVARD<br>PALM BEACH GARDENS FL 33410   |   | 82  | 82 Street Address (P.O. Box Number is Not Acceptable) |                          |   |  |  |
|  |   | -   |   |                          |   |  |  |
|  |   | 83  |   |                          |   |  |  |
|  | ,   |   | 84  | City                     | FL  8   | Zip Code                                 |  |
| office or r  | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligation | Florida, Such change was au   | ithorized by  | the corpo                | corporation submits this statement for the purpose of char<br>oration's board of directors. I hereby accept the appointme | iging its registered<br>nt as registered |  |
| SIGNATURE  |   | - A Sid - A N - N N N N N N N N N N N N N N - N | Desistered Ann  | nt ninntun .             | DATE  |  |  |
| Signature, types of plante of registated agent and line in appreciate. (The European Section S |   |   |   |                          | IRECTORS IN 12  |  |  |
| 12.  | S OF TIGERS AND   | DELETE  | 1.1 TITLE   |                          |   | Change Addition                          |  |
| NAME   | WHEAT TIMOTHY P   | <u></u>   | 1.2 NAME  |                          | _   | · –                                      |  |
| NAME.  |   |   |   |                          |   |  |  |

| •  | •                           |          |   | •   |                | į          |  |
|--|-----------------------------|----------|---|---|----------------|------------|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |                             |          |   |   |                |            |  |
| 12.  | , OFFICERS AND DIRECT       | ·        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |                |            |  |
| TITLE  | S                           | DELETE   | 1.1 TITLE   |   | Change         | ☐ Addition |  |
| NAME   | WHEAT, TIMOTHY P.           |          | 1.2 NAME  |   |                |            |  |
| STREET ADDRESS   | 4243-D NORTHLAKE BLVD       |          | 1.3 STREET ADDRESS                                    |   |                | - {        |  |
| CITY-ST-ZIP  | PALM BEACH GARDENS FL 33410 |          | 14 CITY-ST-ZIP  |   |                |            |  |
| TITLE  | T                           | DELETE   | 2.1 TITLE   |   | ☐ Change       | Addition   |  |
| NAME   | MARINI, MICHAEL             |          | 2.2 NAME  |   |                |            |  |
| STREET ADDRESS   | 4243-D NORTHLAKE BLVD       |          | 2.3 STREET ADDRESS                                    |   |                |            |  |
| CiTY-ST-ZIP  | PALM BEACH GARDENS FL 33410 |          | 2. 4 CITY-ST-ZIP                                      |   |                |            |  |
| TITLE  |                             | ☐ DELETE | 3.1 TITLE   | Clapp, Rhiannon                               | ☐ Change       | X Addition |  |
| NAME   |                             |          | 3.2 NAME  | Clapp, Rhiannon<br>Director                   |                |            |  |
| STREET ADDRESS   |                             |          | 3.3 STREET ADDRESS                                    | 4243-D Northlake Blvd.                        |                | ,          |  |
| CITY-ST-ZIP  | <i>*</i>                    |          | 3.4, CITY-ST-ZIP                                      | Palm Beach Gardens, Fl                        | <u>334</u> 10  |            |  |
| TITLE  |                             | ☐ DELETE | 4.1 TITLE   | O'Sullivan, Maureen                           | ☐ Change       | Addition   |  |
| NAME   |                             |          | 4. 2 NAME_  | O'Sullivan, Maureen<br>Director and President |                |            |  |
| STREET ADDRESS   |                             |          | 4.3 STREET ADDRESS                                    | 4243-D Northlake Blvd.                        |                |            |  |
| City-st-zip  |                             |          | 4.4 CITY-ST-ZIP                                       | Palm Beach Gardens, FL                        | <u> 334</u> 10 |            |  |
| TITLE  |                             | ☐ DELETE | 5.1 TITLE   |   | ☐ Change       | ☐ Addition |  |
| NAME   |                             |          | 5.2 NAME  |   |                |            |  |
| STREET ADDRESS   |                             |          | 5.3 STREET ADDRESS                                    |   |                | ļ          |  |
| CITY-ST-ZIP  |                             |          | 5.4 CITY+ST-ZIP                                       |   |                |            |  |
| TITLE  |                             | DELETE   | 6.1 TITLE   |   | Change         | Addition   |  |
| NAME   |                             |          | 6.2 NAME  |   |                |            |  |
| STREET ADDRESS   |                             |          | 6.3 STREET ADDRESS                                    |   |                |            |  |
| CITY OT 710  |                             |          | 6.4 CITY-ST-ZIP                                       |   |                | . !        |  |

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 suppliemental 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 requirer 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, with all other like empowered.

SIGNATURE: