

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mathiam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000022760 (9)**

1. Corporation Name:
CREATIVE DESIGN OF LAKELAND, INC.



Principal Place of Business
**2929 SOUTH FLORIDA AVE., SUITE 1
 LAKELAND FL 33803**

Mailing Address
**2929 SOUTH FLORIDA AVE., SUITE 1
 LAKELAND FL 33803**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date incorporated or Qualified	3a. Date of Last Report
03/20/1995	
4. FEI Number	Applied For Not Applicable
59-3316014	
5. Corporation of States Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Name and Address of New Registered Agent	

g. Name and Address of Current Registered Agent

**AUGER, SHARYN
 2929 SOUTH FLORIDA AVE., SUITE 1
 LAKELAND FL 33803**

81 Name
 82 Street Address (P.O. Box Number, if Not Applicable)
 83
 84 City, **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.05(3), 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(3), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
	AUGER, PAUL	1408 EDGEWATER BEACH DRIVE	LAKELAND FL 33805	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
	AUGER, SHARYN	1408 EDGEWATER BEACH DRIVE	LAKELAND FL 33803	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12.

1. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntary, true, full and correct, and is qualified for the exemption stated in Section 119.07(4)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 resident or business representative to execute the 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 to this address.

SIGNATURE: *Paul J. Auger* Paul J. Auger 7-6-96 941-686-4059

CR2E034 (12/95)