

**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
	<b>03/20/1995</b>
4. FEI Number	Applied For Not Applicable
<b>59-3316014</b>	
5. Corporation of States Desired	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contributor	<b>\$5.00 May Be Added to Fees</b>
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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
	<b>D</b>	<b>AUGER, PAUL</b>	<b>1408 EDGEWATER BEACH DRIVE LAKELAND FL 33805</b>	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
	<b>D</b>	<b>AUGER, SHARYN</b>	<b>1408 EDGEWATER BEACH DRIVE LAKELAND FL 33803</b>	
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.

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 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 not guilty 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)