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 # **P95000033339 (9)**

1. Corporation Name
CHILDREN'S CREATIVE CONCEPT'S, INC.

Principal Place of Business
142 ARNOLD PALMER DRIVE
DAVENPORT FL 33837

Mailing Address
142 ARNOLD PALMER DRIVE
DAVENPORT FL 33837

3. Date Incorporated or Qualified: **04/28/1995**
3a. Date of Last Report:
4. FEI Number: **59-3312809** ☐ 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

	2. Principal Place of Business	2a. Mailing Address
21	142 ARNOLD PALMER DRIVE	POST OFFICE BOX 1071
22/27	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23/28	DAVENPORT, FLORIDA	DAVENPORT, FLORIDA
24/29	Zip: 33837-5040	Zip: 33837-1071
25/30	Country: POLK	Country: POLK

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: EVELYN L. BERGEN
82 Street Address (P.O. Box Number is Not Acceptable): 142 ARNOLD PALMER DRIVE
83
84 City: DAVENPORT FL 85 Zip Code: 33837-5040

11. Pursuant to the provisions of Section 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: EVELYN L. BERGEN, PRESIDENT — Evelyn L. Bergen — JANUARY 20, 1996
Signature, type or print name of officer or director — Signature of Registered Agent — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/S/T/D	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	BERGEN, EVELYN L		2 NAME	
STREET ADDRESS	142 ARNOLD PALMER DRIVE		3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL 33837-5040		4 CITY-ST-ZIP	
TITLE	VP/D	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	LORAN N. WELCH, III		6 NAME	
STREET ADDRESS	1111-33 HIGHWAY 17-92, NORTH		7 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT, FLORIDA 33837-864		8 CITY-ST-ZIP	
TITLE	D	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	DONALD A. FREDA		10 NAME	
STREET ADDRESS	142 ARNOLD PALMER DRIVE		11 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT, FLORIDA 33837-504		12 CITY-ST-ZIP	
TITLE	D	☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME	ROBERT LEE EISER		14 NAME	
STREET ADDRESS	4210 U. S. HIGHWAY 27, N., #116		15 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT, FLORIDA 33837-9223		16 CITY-ST-ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is complete, accurate and that I am not applying for the reinstatement period in Section 119.07(3)(i), 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: Evelyn L. Bergen — JANUARY 20, 1996 — (941) 424-5569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
EVELYN L. BERGEN, PRESIDENT

CR2E034 (12/95)