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Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000033339

1. Corporation Name

CHILDREN'S CREATIVE CONCEPT'S, INC.

Principal Place of Business

**142 ARNOLD PALMER DRIVE
DAVENPORT FL 33837-5040
US**

Mailing Address

**PO BOX 1071
DAVENPORT FL 33837-1071
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1995

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BERGEN EVELYN L
142 ARNOLD PALMER DRIVE
DAVENPORT FL 33837 - 5040**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 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

Signature, typed or printed name of registered agent, and title, if applicable

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME

12 NAME

13 NAME

14 CITY-ST-ZIP

21 NAME

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 NAME

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 NAME

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 NAME

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 NAME

62 NAME

63 STREET ADDRESS

64 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 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, with all other like empowered.

SIGNATURE:

Evelyn L. Bergen
EVELYN L. BERGEN, PRESIDENT

03/25/99 (941) 424-5569

Date

Daytime Phone #