

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000056068 (6)

1. Corporation Name
CREATIVE FIELDS, INC.



Principal Place of Business
1624 STORINGTON AVENUE
TAMPA FL 33511

Mailing Address
1624 STORINGTON AVENUE
TAMPA FL 33511

| | |
|---|--------------------------------|
| 3. Date Incorporated or Qualified 07/17/1995 | 3a. Date of Last Report N/A |
| 4. FEI Number 59-3328904 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 1705 N. 16th Street Suite, Apt. #, etc. | 26 1705 N. 16th Street Suite, Apt. #, etc. |
| 22 City & State Tampa, FL | 27 City & State Tampa, FL |
| 24 Zip 33605 | 25 Country Hillsborough |
| 28 Zip 33605 | 30 Country Hillsborough |

9. Name and Address of Current Registered Agent

HESSEMER, ERIC
1624 STORINGTON AVENUE
TAMPA FL 33511

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HESSEMER, CHARLES | |
| STREET ADDRESS | 2985 KNIGHTS COURTYARDS | |
| CITY-ST-ZIP | TAMPA FL 33611 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HESSEMER, GREGORY | |
| STREET ADDRESS | 3613 HORATIO STREET | |
| CITY-ST-ZIP | TAMPA FL 33609 | |
| TITLE | PSTD | <input type="checkbox"/> DELETE |
| NAME | HESSEMER, ERIC | |
| STREET ADDRESS | 1624 STORINGTON AVE. | |
| CITY-ST-ZIP | TAMPA FL 33511 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

813-242-0100

CR2E034 (12/95)