

**NOTE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 01 1998 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # P95000091886 (8)**  
1. Corporation Name  
**CREATIVE CONSUMER CONSULTANTS, INCORPORATED**



Principal Place of Business  
**5975 54TH AVENUE NORTH  
ST. PETERSBURG FL 33709**

Mailing Address  
**5975 54TH AVENUE NORTH  
ST. PETERSBURG FL 33709**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **9436 SEMINOLE BLVD**

Suite, Apt. #, etc.

22 **SEMINOLE**

City & State

23 **SEMINOLE, FLA.**

Zip

24 **33772**

Country

25 **Pinellas**

2a. Mailing Address

26 **9436 SEMINOLE BLVD.**

Suite, Apt. #, etc.

27

City & State

28 **SEMINOLE, FL**

Zip

29 **33772**

Country

30 **Pinellas**

3. Date Incorporated or Qualified

**12/04/1995**

4. FEI Number

**59-3383389**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ROSE, DAVID  
5235 37TH AVENUE NORTH  
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81 Name **M. KATHLEEN REED**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**11291 90th TER N**  
83 **Largo**  
84 City  
**FL** 85 Zip Code  
**33772**

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 **M. KATHLEEN REED**

Signature, typed or printed name of registered agent and to be filled applicable

NOTE: Registered agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **ROSE, DAVID M.**  
STREET ADDRESS **14444 87 AVE N**  
CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V.P.** ☒ Change ☐ Addition  
1.2 NAME **David M. Rose**  
1.3 STREET ADDRESS **14444 87 AV. NO.**  
1.4 CITY-ST-ZIP **SEMINOLE, FL 33776**

2.1 TITLE **PRES.** ☐ Change ☒ Addition  
2.2 NAME **M. KATHLEEN REED**  
2.3 STREET ADDRESS **11291 90th TER N**  
2.4 CITY-ST-ZIP **SEM FL 33772**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE **M. KATHLEEN REED** **4.10.98 813-398-5551**

CR2E034 (10/97)

**DEP \$150.00**