

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 # P95000092782 (8)

1. Corporation Name

CREATIVE ACCOUNTING SOLUTIONS, INC.



Principal Place of Business

**913 EAST GONZALEZ STREET
PENSACOLA FL 32503**

Mailing Address

**913 EAST GONZALEZ STREET
PENSACOLA FL 32503**

2. Principal Place of Business

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

27

City & State

28

City & State

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**SWEAT, WILLIAM E JR
913 EAST GONZALEZ STREET
PENSACOLA FL 32503**

3. Date Incorporated or Qualified
12/04/1995

3a. Date of Last Report

59-3351387

Applied For
Not Applicable

4. FEI Number
59-3351387

\$8.75 Additional
Fee Required

5. Certificate of Status Desired

\$5.00 May Be
Added to Fees

6. Election Campaign Financing
Trust Fund Contribution

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes
 Yes No

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 provisions of Section 607.0508, Florida Statutes.

SIGNATURE

William E. Sweat

IN THE Registered Agent's Office in Pensacola, Florida

DATE

4/18/96

12.

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
						<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	SWEAT, WILLIAM E JR	913 EAST GONZALEZ STREET	PENSACOLA FL 32503	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	BORN, JOHN B	1927 NORTH MAGNOLIA AVENUE	PENSACOLA FL 32503	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TD	PERCY, MICHAEL G	1701 EAST DESOTO STREET	PENSACOLA FL 32503	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

QW

Daytime Phone #

CR2E034 (12/95)