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 # **P96000000967 (5)**

1. Corporation Name

CREATIVE CORNICES, INCORPORATED

Principal Place of Business

3826 NW 126TH AVE
CORAL SPRINGS FL 33065

Mailing Address

3826 NW 126TH AVE
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: **12/27/1995**

3a. Date of Last Report

4. FEI Number: 65-0635327 ☐ 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. Does corporation have liability for intangible tax under s. 199.032, Florida Statutes? ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CRAMMER, EDWIN L
3801 N UNIVERSITY DRIVE
SUNRISE FL

10. Name and Address of New Registered Agent

81 Name: MEL NEBRASKY
82 Street Address (P.O. Box Number is Not Acceptable): 8568 SHADOW CT
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33071

11. Pursuant to the provisions of Section 617.0502 and/or 1505, 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. I further certify that the corporation has complied with the applicable provisions of Section 48.091, Florida Statutes. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of that position, Florida Statutes.

SIGNATURE: x Mel Nebrasky 1/8/96
(Required) Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	NEBRASKY, MEL	
STREET ADDRESS	8568 SHADOW CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	☐ DELETE
NAME	NEBRASKY, TERRY	
STREET ADDRESS	8568 SHADOW CT	
CITY-ST-ZIP	CORAL SRINGS FL 33071	
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. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		
21. TITLE		☐ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 added to the report with my address.

SIGNATURE: x Mel Nebrasky 1/8/96 954-345-4004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

CR2E034 (12/95)