FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mørtham 🗸

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011162 (0)

COUNTRY CREEK PROPERTIES, INC.

FILED Jun 03 1997 8:00am Secretary of State



Principal Place of Business Mailing Address			A CORFICADA SEO IDIAO DIAN DRIII DORIS DORIS DORIS INDES SCORE SINCO DIANG AND FORM		
4924 FRUITVILLE ROAD	4924 FRUITVILLE ROAD	4924 FRUITVILLE ROAD			
SARASOTA FL 34232	SARASOTA FL 34232-2208				
				3. Date Incorporated or Qualified 01/31/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			CP5-06-42948	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Country	Zip	Count	iry	8. This corporation has liability for it	
24 25 Amme and Address of Cu		30			Yes No
g, Haine alla Radiess Of Ca	rrent Hegistered Agent	8	4 Names	10. Name and Address of New Reg	istered Agent
CHUNG, FILIC		ļ°	1 Name		
4924 FRUITVILLE ROAD		8	2 Street Add	dress (P.O. Box Number is Not Acceptab	e)
Sarasota FL 34232		L			
		8	3		
		6	4 City		85 Zip Code
		-			FL 2 2 Code
 Pursuant to the provisions of Sections 607. office or registered agent, or both, in the S 	.0502 and 607.1508, Florida Statute	s, the abo	ve-named cor	poration submits this statement for the protection beared of directors. I have by account	urpose of changing its registered
agent. I am familiar with, and accept the o	bligations of, Section 607.0505, Flo	rida Statut	es.	ation's board of directors, I hereby accep	tine appointment as registered
SIGNATURE					
Signature, typed or printed name of registers			gent signature requ	vired when reins(ating)	DATE
	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE PRESIDENT	☐ DELETE	1.1 TITLE			L Change Addition
NAME FILIC CHUNG STREET ADDRESS 4924 FRUITVILLE F	2 0	1.2 NAM			
		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP SARASON, FL 342		1.4 CITY			
TITLE	DELETE	2.1 TITLE			Change Addition
NAME		2.2 NAMI	€		
STREET ADDRESS		2.3 STRE	ET ADORESS		
CITY-ST-ZIP			'-ST-ZIP		
TITLE	DELETE	3.1 TITLE	1		Change
NAME		3.2 NAM	1		
STREET ADDRESS		33 STRE	ET ADDRESS		
CITY-ST-ZIP	TT KE, FT-	3.4. City			
TITLE	☐ DELETE	4.1 TITLE			Change Addition
NAME		4. 2 NAV	16		
STREET ADDRESS		4.3 STRE	E1 ADDRESS		
CITY-ST-ZIP		4.4 CITY			
TITLE	L DELETE	5 1 TITLE			☐ Change ☐ Addition
NAME		5.2 NAM	E		
STREET ADDRESS		5.3 STRE	ET ADDRESS		
City-St-ZIP		5.4 CITY	- ST- ZIP		
TITLE	DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME		6.2 NAMI	£		
STREET ADDRESS		6.3 STRE	ET ADDRESS		1
CITY-ST-ZIP		6.4 CITY	- ST - ZIP		

14. I do 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 trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

CIONATURE.

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