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

Mailing Address

MURDOCK FL 33938

2a. Mailing Address

Suite, Apt. #, etc.

PO BOX 380292

US

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000032155

CREATIVE PATH, INC.

Principal Place of Business

2. Principal Place of Business

4317 MCCULLOUGH ST

21

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PT CHARLOTTE FL 33948

Suite, Apt. #, etc.

\$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Country Zip Personal Property Tax. 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KREJCI, LINDA Street Address (P.O. Box Number is Not Acceptable) 4317 MCCULLOUGH ST PT CHARLOTTE FL 33948 85 City 84 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 (NOTE: Registered Agent signature required when reinstating) . Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE 10 (11 (152) PSTD TITLE 1.2 NAME KREJCI, LINDA NAME 1.3 STREET ADDRESS 4317 MCCULLOUGH ST STREET ADDRESS 1.4 CITY-ST-ZiP PT CHARLOTTE FL 33948 CITY-ST-ZIP Change DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE 3.2 NAME NAME (3.3 STREET ADDRESS 機能が進程では 3,4, CITY+ST-ZIP CITY-ST-ZIP Change ☐ DELETE 41 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 6.1 TITLE TITLE and Martin Colors 62 NAME NAME 6.3 STREET ADDRESS

64 CITY-ST-ZIP

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90022 008 ***150.00



DO NOT WRITE IN THIS SPACE:

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Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

04/12/1996

65-0657625

4. FEI Number

CR2E034 (11/98)

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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE

STREET ADDRESS

CITY ST ZIP