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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF DOT PORATIONS

DOCUMENT # P96000037017 (6)

CREOLA ASSET MANAGEMENT COMPANY, INC.

Principal Place of Business	Mailing Address								
3255 PINE VALLEY DRIVE 3255 PINE VALLEY DRIVE SARASOTA FL 34239 SARASOTA FL 34239									
SAUMOUTE LE DATA				DO NOT WRITE			IN THIS SPACE		
					3. Date Incorporated or Qualified 04/25/1996				
2. Principal Place of Business 2a. Mailing Address					4. FEI Number			Applied For]
21 26					65-0682930			Not Applicable	1
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired			Additional Required	1
City & State	City & State				6. Election Campaign Financing		·	0 May Be	1
28					Trust Fund Contribution			d to Fees	
Zip Country	Zip	Coun	itry		8. This corporation owes or has pa	_			
24 25 9. Name and Address of Current		30			Personal Property Tax due June 10. Name and Address of New Re			□ No	4
	HeBisteled Whellt		81	Name	10. Name and Address of New Ad	gistered /	- Gent		┨
rayfield, beverly B. 3255 Pine Valley Dr.		L]
SARASOTA FL 34239		*	32 3	Street Addres	ess (P.O. Box Number is Not Acceptable)				
		ε	33						1
		<u>ε</u>	34 1	City			85 Zip	Code	-
	<u>.</u>					<u>FL</u>			
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	and 607.1508, Florida Statute Florida. Such change was a ons of, Section 607.0505, Flo	es, the abo uthorized rida Statu	ove-r by th tes.	named corpo he corporatio	ration submits this statement for the j n's board of directors. I hereby acce	ourpose of pt the app	changing ointment a	its registered is registered	
SIGNATURE									
Signature, typod or printed name of registered agent 12. OFFICERS AND		Registered /	Agent	signature required	d when reinstelling) ADDITIONS/CHANGES TO OFFI	DATE	DIDECTO	DC IN 12	爿
TITLE D	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFI	JENO AINL	Change		900
HONOE IMPO A	HOUSE IMPO A								
1 -30 -30 - 360 (A)	The Thirty The I was 150 to 1			ODRESS					R2E034
CITY-ST-ZIP CHANGE BEACH FT LON UP	JAT KEY FL 34224	ን የሚን 1.4 CITY - S		1					ž
TITLE D	DELETE	2.1 TITU	E				☐ Change	Addition	
NAME RAYFIELD, BEVERLY B	• • • • • • • • • • • • • • • • • • •		AE	ļ					
STREET ADDRESS 8255 PINE VALLEY DRIVE			2.3 STREET ADDRESS						
			2. 4 CITY-SI-ZIP				<u> </u>	771	
TITLE D	- 1		3.1 TITLE		•	•	L Change	Addition	
	A440 01144 DD		3.2 NAME 3.3 STREET ADDRESS						
CITY-ST-ZIP ORANGE BEACH FL.		3.4. CITY - S							
TITLE	DELETE	4.1 TITLE		20			Change	Addition	1
NAME			4. 2 NAME				•		
STREET ADDRESS		4.3 STR	4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY	4.4 CITY-S1-ZIP						
TITLE	DELETE	5.1 TITL	5.1 TITLE				Change	Addition	
NAME		5.2 NAM	5.2 NAME						
STREET ADDRESS		5.3 STRI	5.3 STREET ADDRESS						
CITY-ST-ZIP	Desert		5.4 CITY-ST-ZIP				1 01	4.4.200	4
TITLE	DELETE						☐ Change	Addition	
NAME		6.2 NAME							1
STREET ADDRESS		6.3 STR		1					1
CITY-ST-ZIP 14. I hereby certify that the information supplied with	this filing does not qualify fo	6.4 City r the exen			ection 119.07(3)(i), Florida Statutes.	further ce	rtify that th	ne information	┨

4. 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 supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

CICHATURE BULL BROWN

3/30/00

941-911-0792

FILED

May 11 1998 8:00am

Secretary of State