## \$\hat{960000} \( 4497\) Requestor's Name

FREEMAN DAWSON'A DOSENBAIRA P.A.

	FESSION, DAWSON & PROSENBAUM, P.A. 2200 MARY ST., COCONUT GROVE, FL 33133					Office Use Only		
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Examiner's Initials

CR2E031(1/95)



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 13, 1997

FREEMAN, DAWSON, & ASSOCIATES, P.A. 3250 MARY ST., SUITE 100 COCONUT GROVE, FL 33133

SUBJECT: CREATIVE INSURANCE CONSULTING, INC.

Ref. Number: P96000044974

We have received your document for CREATIVE INSURANCE CONSULTING, INC.. However, the document has not been filed and is being returned for the following:

The fee to file your document is \$35.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard Corporate Specialist

Letter Number: 097A00001569

## Florida Department of State, Sandra B. Mortham, Secretary of State

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Trails a submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: CREANVE INSURANCE CENSULANY INC 1b. The mailing address of the corporation is: 3029 5W (IS AVE #) disni RA 37165 1c. Date of incorporation: 05/28/96 Document number: P9 6:000044974 The name and address of the current registered agent and office: Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) RAQUEL DANSON 3250 MAN, St #100 COWNE GROVE PLA 32(33 The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board nature of an officer, chairman or (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to actin this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as egistered agent. Signature of Registered Agent) If signing on behalf of an entity:

Division of Cornerations, P.O. Box 6327, Tallahassae, FL, 32314

March 27, 1997

GEORGE SULLIVAN & ASSOCIATES, INC. 911 W. PACES FERRY RD. ATLANTA, GA 30327 US

SUBJECT: GEORGE SULLIVAN & ASSOCIATES, INC.

Ref. Number: P96000045269

Debit Memo #: 3997-A

This is to inform you that check #6364 in the amount of \$165.00 submitted with the annual report for GEORGE SULLIVAN & ASSOCIATES, INC. has been returned by your bank because of ACCOUNT CLOSED.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$180.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after May 27, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (904) 487-6057.

Pat Bailey Accountant I

Letter Number: 097A00015495