and the second s	-			
		V DDDI	OVED	
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFT: \$15.7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT C. EINSTATE: \$375.)		APPROVED AND		
PROFIT FLORIQA DEPAR		T FILL		
CORPORATION Sandra B	-	• • • • • • • • • • • • • • • • • • • •		
ANNUAL REPORT Secretar	y of	1997 JUL - I	AH 10: 14	
1997 DIVISION OF C	ORF		OF CTATE	
DOCUMENT # VA(MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	UMENT # VALOYY D40 P		SECRETARY OF STATE TABLAHASSEE, FLORIDA	
1. Corporation Name	' 1			
Creative a roll of the w				
Bradients El 34707				
Principal Place of Business Mailing Address		~		
0011 550 0 11/				
2211 5359 Avew				
Bradenten F1 34200			Date of Last Report	
2. Principal Place of Business 28. Mailing Address		4. FEI Number	Applied For	
21 26		1,50682871	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
27 City & State City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be	
23 28		Trust Fund Contribution	Added to Fees	
Zip Country Zip 24 25 29	Country	8. This corporation has liability for intangi	ble tax under s. 199.032.	
24 25 29 29 9. Name and Address of Current Registered Agent	30	Florida Statutes Yes 10. Name and Address of New Registers		
1. The object	81 Name			
John 13 Namina	82 Street Addr	ess (P.O. Box Number is Not Acceptable)	. 6 ****3 5** 3 3** 3 ** 3 ** 3 ** 3 ** 3	
1023 Marchee Hve W	83	<u> </u>	-0.10430.08	
Arodento FI 84705		*************************************	1	
	84 City	F	L 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statute office or registered agent, or both, in the State of Florida. Such change was at agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute.	s, the above-named corputhorized by the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing its registered appointment as registered	
	rida Statutes			
	Registered Agent signature require			
12. OFFICERS AND DIRECTORS TITLE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition	
muse Dogge Reprodes	1.2 NAME			
STREET ADDRESS LO 918 9 9+6 DUE DON W	1.3 STREET ADDRESS			
TITLE VICE STRUCTURE DELETE	1.4 CITY+ST-ZIP			
TITLE VICE-Fresident LIGELETE	2.1 TITLE 2.2 NAME		Change Addition C	
STREET ADDRESS 10915 945 AVE Dr N.W	2.3 STREET ADDRESS			
CITY-ST-ZIP Bradenten F1 34209	2.4 CITY+ST-ZIP			
NAME RIDING CERVOLAGES	3.1 TITLE 3.2 NAME		Change Addition	
STREET ADDRESS TOGIS 914 HVR TOPW. W	3 3 STREET ADDRESS			
DITY-ST-ZIP Bradentin Fl 34209	3.4 CITY-ST-ZIP			
NAME DECRETARY LIDELETE	4.1 TITLE		Change Addition	
STREET ADDRESS LOTTES 911 AVE DV NW	4. 2 NAME 4.3 STREET ADDRESS			
CITY-ST-21P Bradentin F134209	4.4 CiTY-ST-ZIP			
TITLE DELETE	51 TITLE		Change Addition	
NAME STREET ADDRESS	5.2 NAME 5.3 STREET ADDRESS		Ì	
CITY - ST - AP	5 4 CITY - ST - ZIP			
TITLE DELETE	61 TITLE		Change Addition	
NAME STREET ADDRESS	6.2 NAME 6.3 STREET ADDRESS			
CITA 21 SIB	6.4 CITY - ST - ZIP			
14. I do hereby certify that the information supplied with this liting is voluntarily fur-		1 1		
further certify that the information indicated on this annual report or supplement	nished and does not qual ntal annual report is true a	ily for the exemption stated in Section 119 D7 and accur a le and that my signature shall have	(3)(k). Florida Statutes the same legal effect as if	

SIGNATURE: SIGNATURE AND TYPE OF NAME OF SIGNING OFFICER OR DIRECTOR 4.28.90 941.758-2229