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

**PROFIT CORPORATION** ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P96000054417 (6)

CRESW	VOOD CREATIONS, INC.	,	•			
Principal Place of Business Mailing Address					DENDY BING BLOCK BYDEN HIDRY 1801 1801	
3063 HARTLEY ROAD STE 5 3083 HARTLEY ROAD STE JACKSONVILLE FL 32257-6281 JACKSONVILLE FL 32257-6					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 06/24/1996	
	ace of Business	28. Mailing Address			4. FEI Number	Applied For
21 26 Suite And # oto					59-3385921	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Z(p	Countr 30	у	This corporation owes or has paid to Personal Property Tax due June 30	
27	9. Name and Address of Current		30		10. Name and Address of New Regis	
ROSS, CHARLES R II				Name		
3063 HARTLEY ROAD STE 5 JACKSONVILLE FL 32257-6281			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
<b></b>	ONOO!!!!LLL 1 & 0223/ 0201		83			<u></u>
			84	City		FL 85 Zip Code
SIGNATURE	to the provisions of Sections 607.0502 ogistered agent, or both, in the State on familiar with, and accept the obligations by the state of the state				orporation submits this statement for the purpretion's board of directors. I hereby accept the	oose of changing its registered ne appointment as registered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	P	DELETE	1.1 TITLE			Change Addition
NAME STREET ADDRESS	STRANGE, ERNEST J JR 14423 POND PLACE DRIVE		1.2 NAME 1.3 STREE	T ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		1.4 CITY -	ST- ZIP		
TITLE	ST □ DELETE		2.1 TITLE			Change Addition
NAME	ROSS, CHARLES R II		2.2 NAME			
STREET ADDRESS	12447 ALADDIN ROAD			T ADDRESS		
CITY-ST-ZIP	JACKOSHMILLE FL 32223	DELETE	2. 4 CITY	ST-ZIP		Change Addition
TITLE			3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			- 1	T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3,4 CITY-	SI-ZIP		☐ Change ☐ Addition
NAME		beten	4. 2 NAME			☐ prendo ☐ vocation
STREET ADDRESS			E .	T ADDRESS		
CITY-ST-ZIP			4.4 City-			
TITLE		DELETE	5.1 TITLE	31-211		☐ Change ☐ Addition
NAME			5.2 NAME	ļ		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY -			
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME		_	6.2 NAME			-
STREET ADDRESS				T ADDRESS		
CITY-ST-7IP			64 CfTY-			

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 suppliemental 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 changed or on an attachment with an address.

SIGNATURE:

SIGNATURE:

### Provided Statutes of the corporation of 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.

904-262-9696

**FILED** 

Feb 25 1998 8:00am

Secretary of State