

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

FILED

Jul 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000072745**
 1. Corporation Name
CREATION'S OWN CORP.

Principal Place of Business Mailing Address **SAME**
730 EMERSON DR NE
PALM BAY, FL 32907

2. Principal Place of Business 21 730 EMERSON DR NE Suite, Apt. #, etc. 22 City & State Palm Bay, FL Zip 32907 Country USA	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State Palm Bay, FL Zip 32907 Country USA	3. Date Incorporated or Qualified 3a. Date of Last Report 4. FEI Number 59-3362715 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No
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9. Name and Address of Current Registered Agent O'Brien Riemenschneider, Kancilia JOHN KANCILIA ESQ 1686 W. HIBISCUS BLVD MELBOURNE FL 32901	10. Name and Address of New Registered Agent 81 Name JAMES J. BRADSTREET 82 Street Address (P.O. Box Number is Not Acceptable) 730 EMERSON DR NE 83 84 City Palm Bay FL 85 Zip Code 32907
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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 *[Signature]* 7/23/97
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRES NAME JAMES J. BRADSTREET STREET ADDRESS 2520 ROCKY PT RD CITY-ST-ZIP MALABAR FL 32950	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VP NAME LORI D. BRADSTREET STREET ADDRESS 2520 ROCKY PT RD. CITY-ST-ZIP MALABAR, FL 32950 VIC PRES.	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE SEC/TRES NAME CANDICE BRADSTREET STREET ADDRESS 2520 ROCKY PT RD. CITY-ST-ZIP MALABAR, FL 32950	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE DIRECTOR NAME THOM BRADSTREET STREET ADDRESS 2520 ROCKY PT RD CITY-ST-ZIP MALABAR, FL 32950	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 7/23/97 407955-0277