PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096532

1. Corporation Name

CREATIVE CONCEPTS REALTY, INC.

FILED
Feb 23, 1999 8:00 am
Secretary of State
02 22 1000 00042 021 ***150 00

02-23-1999 90042 021



Principal Place	of Business	Mailing Address				18141 98 111 68 11 6 1	14119 01191 0110	e 11112 110; 1301
478 BALLARED DRIVE					DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed 11/21/1996	,		
2 Deinging D	lace of Business	2a. Mailing Address			4. FEI Number			pplied For
2. Finicipal Fi	O AURORA Rd		20A	Rol	59-3414713			ot Applicable
21 3300. Suite, Apt.	# etc	Suite, Apt. #, etc.	<i>,,</i> ,,	192				Additional
22	#, oto.	27	<u></u>		5. Certifcate of Status Desired		Fee Re	equired
City & State				FC	6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip Country Zip				1150	8. This corporation owes the cu	rrent year Int	angible Yes	12No
24 324	7.39 25 0.3 / 4			1310	Personal Property Tax. 10. Name and Address of New	Registered		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New	Registered	-ge	
HUNTER, KEN				15	EN HUNTE	<u>r</u>		
	THOMAS BARBOUR DR		82	Street Addre	ess (P.O. Box Number is Not Accep	Roa e		
MELBOURNE FL 32935-6830					HUKUKH	Noa	<u>×</u>	
			83					
			84	City	BOURNE	FL	. 85 32	5934
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	he abov	a-named corne	pration submits this statement for the	e purpose of	changing its	registered
l office or n	egistered agent, or both, in the State of	Florida, Such change was autho	rized by	tne corporatio	n's board of directors. I hereby acci	spt the appoi	nument as re	gistered
agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent a	nd title (applicable. (NOTE: Regi	stered Age	nt signature required		DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	PT	☐ DELETE	1.1 TITLE	}			☐ Change	☐ Addition
NAME	Hunter Kenneth R Hunter		1.2 NAME					ī
STREET ADDRESS	3360 AURORA ROAD		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	MELBOURNE FL 32934		1.4 CITY-5	ST-ZIP	=			
TITLE		☐ DELETE	2.1 TITLE	1			Change	☐ Addition
NAME			2.2 NAME					ĺ
STREET ADDRESS			2.3 STREE	TADORESS				j
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				
TITLE		☐ D£LETE	3.1 TITLE				Change	. Addition
NAME			32 NAME	<u> </u>				1
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME		ļ	4. 2 NAME		•			
STREET ADDRESS			4.3 STREE	TADDRESS				ĺ
CITY-ST-ZIP	<u> </u>		4.4 CiTY-5	ST-ZIP				
TITLE		-	5.1 TITLE	}			Change	Addition
NAME		i i	52 NAME					
STREET ADDRESS		T T		TADDRESS				ļ
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	`.			
TITLE			6.1 TITLE				☐ Change	☐ Addition
NAME	v	i	6.2 NAME			•		·
STREET ADDRESS			6.3 STREE	T ADDRESS				
		•						

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 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 atjachment with an address, with all other like empowered.

SIGNATURE:

ENNETH