

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg. 1

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101157 (1)

1. Corporation Name
CREATIVE MORTGAGES, INC.

FILED
97 SEP -3 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
522 12TH STREET WEST
BRADENTON FL 34205

Mailing Address
522 12TH STREET WEST
BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/16/1996		3a. Date of Last Report	
4. FEI Number 65-0714264		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2. Principal Place of Business 21 1429 60 Ave W 22 Ste 100 23 Bradenton, FL 24 34207 25 Country		2a. Mailing Address 26 4212 2 Ave N.E. 27 Suite, Apt. #, etc. 28 Bradenton FL 29 34208 30 Country	
9. Name and Address of Current Registered Agent MELHUSH, BLAKE 522 12TH STREET WEST BRADENTON FL 34205			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	MELHUSH, E. BLAKE		
STREET ADDRESS	522 12TH STREET WEST		
CITY-ST-ZIP	BRADENTON FL 34205		
TITLE	Teresa Bringman D	<input type="checkbox"/> DELETE	
NAME	4212 2 Ave NE		
STREET ADDRESS	Bradenton, FL 34208		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	100002285121--5		
1.3 STREET ADDRESS	-03/04/97--01098--004		
1.4 CITY-ST-ZIP	****165.00 ****165.00		
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* 9/21/97 9:11 730-2525

CR2E034 (4/97)

*Followell
Accounting
Service &
Taxes*

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August 26, 1997

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Creative Mortgages, Inc.
P96000101157

Gentlemen:

The 1997 Annual report for this corporation was filed in February 1997. The State rejected the filing for lack of information (the FEIN). The report was returned to the corporate address on March 6, 1997, but not received by Creative Mortgages, Inc.

After discussion with the State's reinstatement department, my client is submitting this original filing along with a check for the \$165.00 fee as payment in full for a timely filing. The representative from the department provided these instructions.

Thank you for your prompt attention to this matter.

Sincerely,

Vicky H. Followell
Vicky H. Followell
Accountant

CC: Creative Mortgages, Inc.