

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

FILED

May 18 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P97000009325 (6)

1. Corporation Name

CREATIVE CONCEPTS OF ORLANDO, INC.

Principal Place of Business

325 WEST GORE STREET
ORLANDO FL 32801

Mailing Address

325 WEST GORE STREET
ORLANDO FL 32801



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 01/30/1997 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-3421580 | |
| 24 32806 | | 29 32806 | | 5. Certificate of Status Desired | |
| Country | | Country | | 6. Election Campaign Financing | |
| | | | | Trust Fund Contribution | |
| | | | | 8. This corporation owes or has paid the current year Intangible | |
| | | | | Personal Property Tax due June 30. | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | 81 Name Lyon Bergholtz & Kirwin, P.A. | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) 390 N. Orange Avenue, Ste. 2180 | |
| | | 83 | |
| | | 84 City Orlando | |
| | | 85 Zip Code FL 32801 | |

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]* PARTNER - ATTORNEY APR. 28 1998
(NOTE: Registered Agent signature required when reinstating)

| | | | |
|----------------------------|----------------------|---|-----------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | VPD | 1.1 TITLE | Change |
| NAME | FABREGAT, GUSTAVO | 1.2 NAME | Addition |
| STREET ADDRESS | 325 WEST GORE STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32801 | 1.4 CITY-ST-ZIP | ZIP CODE CHANGE 32806 |
| TITLE | P | 2.1 TITLE | Change |
| NAME | BISHOP, WAYNE | 2.2 NAME | Addition |
| STREET ADDRESS | 325 WEST GORE STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32801 | 2.4 CITY-ST-ZIP | ZIP CODE CHANGE 32806 |
| TITLE | D | 3.1 TITLE | Change |
| NAME | RUIZ, SOLANGEL | 3.2 NAME | Addition |
| STREET ADDRESS | 325 WEST GORE STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32801 | 3.4 CITY-ST-ZIP | ZIP CODE CHANGE 32806 |
| TITLE | D | 4.1 TITLE | Change |
| NAME | DIAZ, JACKELINE | 4.2 NAME | Addition |
| STREET ADDRESS | 325 WEST GORE STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32801 | 4.4 CITY-ST-ZIP | ZIP CODE CHANGE 32806 |
| TITLE | | 5.1 TITLE | Change |
| NAME | | 5.2 NAME | Addition |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | Change |
| NAME | | 6.2 NAME | Addition |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 in an attachment with an address.

SIGNATURE: *[Signature]* Wayne Bishop 04/24/98 (407) 843-0009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)