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FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000053995 (1)**

1. Corporation Name

CREATIVE CONCEPTS AND DESIGNS, INC.

Principal Place of Business

Mailing Address

**18 COLUMBIA CT.
DEERFIELD BEACH FL 33442**

**18 COLUMBIA CT.
DEERFIELD BEACH FL 33442**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1997

4. FEI Number

65-0774317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1635 S. WALLACE PT.

Suite, Apt. #, etc.

22

City & State

23 CRYSTAL RIVER, FL

Zip

24 34429

Country

25 CITRUS

2a. Mailing Address

26 1635 S. WALLACE PT.

Suite, Apt. #, etc.

27

City & State

28 CRYSTAL RIVER, FL

Zip

29 34429

Country

30 CITRUS

9. Name and Address of Current Registered Agent

**ARNOLD, RICHARD W
1550 WILTON LANE
SANABEL FL 33975**

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

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

15. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

16. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

17. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P/D
ROBERT S. ARNOLD
18 COLUMBIA CT.
DEERFIELD BEACH, FL 33442

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
V/D
DOROTHY M. ARNOLD
18 COLUMBIA CT.
DEERFIELD BEACH, FL 33442

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
V/D
RALPH S. DURANTE
1635 S. WALLACE PT.
CRYSTAL RIVER, FL 34429

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
V/D/S/T
DORIS A. DURANTE
1635 S. WALLACE PT.
CRYSTAL RIVER, FL 34429

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address.

SIGNATURE

Arnold

Durante

DORIS A. DURANTE

3/16/98

302-513-2254

CR2E034 (10/97)