FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 *PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State . DIVISION OF CORPORATIONS 1996 S43981 **DOCUMENT #** CREATIVE DESIGNS BY PATRICIA, INC. Principal Place of Business Mailing Address 11574 GORHAM DR 11574 GORHAM DR COOPER CITY FL 33026 COOPER CITY FL 33026 LIS 3a. Date of Last Report 3. Date Incorporated or Qualified 04/08/1991 04/28/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0256645 Not Applicable 26 21 \$8.75 Additional Saite Apt # etc. Suite Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 28 Zip $2 \wp$ Country 8. This corporation has liability for intangible tax under s. 199.032. ☐ Yes ☐ No Florida Statutes 24 30 29 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 LEWIS, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 82 11574 GORHAM DR 83 COOPER CITY FL 33026 Zip Code 84 City 85 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. Thereby accept the appointment as registered agent. Lam familiar with land accept the obligations of, Section 607.0505, Florida Statutes. Lewis SIGNATURE: ar tailly last a ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition [DELECE PDS 1.1 TITLE TITLE LEWIS, LARRY 1.2 NAME NAME 11574 GORHAM DR STREET ADDRESS 1.3 STREET ADDRESS COOPER CITY FL : 4 CHTY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2 1 T-TEF 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - \$1 - ZIP CITY - ST-ZIP Change neitibbA 🔲 DELETÉ TITLE 3 1 THUE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIF CITY - ST - ZIP DELFTE Addition TITLE 4.1 11115 NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.0(T) - ST - Z(P) CITY-ST-ZIP 2000018636早空[。] -06/17/96--01043--021 DELETE 5 1 1/100 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS ***200.00 STREET ADDRESS 5.4 CHIY-ST-ZIP CITY-ST-7:P Change ☐ Addition DELETE 6 1 III E THILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplied ental 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 13 if changed, or on an aftachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

NI EUNAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 431-8980

CR2E034 (12/95)