FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

S54579

(5)

DOCUMENT #

THE BUREAU OF CREATIVITY, INC.

<u> </u>	<u> </u>

Principal Place of Business Mailing Address					(A 1841 8183) 638H 9184 618	
P.O. BOX 26953 TAMARAC FL 33320-6953		P.O. BOX 26953 TAMARAC FL 33320-6953				
				3. Date Incorporated or Qualified 05/22/1991	3a. Date of Last Re 07/28/19	eport 995
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number 65-0265697		Applied For
21		26		05-0203091		Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
City & State		City & State		6. Election Campaign Financing		0 May Be
23		28		Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in		199.032,
24	25	29	30		A No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	enistered Agent	
20101751	D 050805 H		81 Name -7	UCKER GEORGE	e H	
	R, GEORGE H		82 Street Add	ress (P.O. Box Number is Not Acceptab	(e)	•
2004 S	W 84 TERRACE		83	2004 SW 84	TERRAC	
	DERDALE FL 33068					
11. [570]	DERDALL I'L GOOGG		84 City /	. LAUDERDALE	FL 85 2	3068
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above named corpo	ration submits this statement for the nur	nose of changing its	registered office
or registere	d agent, or both, in the State of Florion, and accept the obligations of, Sect	da. Such change was authorized	d by the corporation's boa	ard of directors. I hereby accept the appo	ointment as registered	l agent. I am
SIGNATURE	ignature, typed or printed namic of registered agent	and trie if applicable (NOT)	F: Risgistered Agent signature requir	ed when reinstating)	DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFF		DRS IN 12
TITLE	D	☐ DECETE	1. 1 TITLE		Change	DRS IN 12 Addition
NAME	TUCKER, DENISE F.		1.2 NAME			
STREET ADDRESS	2004 SW 84 TERRACE		1.3 STREET ADDRESS			ł
CITY-ST-ZIP	N. LAUDERDALE FL	ED objetit	1.4 Cily - ST - ZIP		Change	Addition
TITLE	tucker, george H.	☐ DELETE	2.1 TITLE			L Addition
NAME	2004 SW 84 TERRACE		2 2 NAME			
STREET ADDRESS	N. LAUDERDALE FL		2 3 STREET ADDRESS 2 4 CITY - ST - ZIP			
CITY-ST-ZIP TITLE	11. 2 10 2 10 11	DELETE	3 1 TITLE		Change	Addition
NAME			3.2 NAME			-
STREET ADDRESS			3.3 STREET ADDRESS			•
CITY-ST-ZIP			3.4 CITY - ST - ZIP			, <u></u>
TITLE		☐ DELETE	4. 1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4 3 STREFT ADDRESS			
CITY-ST-ZIP			44 CITY-ST-ZIP			Fin Address
TITLE		DELETE	5 1 TITLE		Change	Addition
NAME			. 5.2 NAME			1
STREET ADDRESS			5.3 STREET ADORESS			
CITY-ST-ZIP		FIDELETE	5 4 CITY - ST - ZIP		Change	Addition
TITLE		☐ DELETE	6. 1 TiTLE		☐ country	L., AMURION
NAME			6 2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP	and that the information a realized	with tain filing in valuatorily furni	6.4 CITY-ST-ZIP	for the exemption stated in Section 119	07(3)(k) Florida Stati	ites I further

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 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 manged, or on an attactment with an andress.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George H Tucken 4/29/46 954-726-7256