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

PROFIT CORPORATION **ANNUAL REPORT**

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation	IMENT # S96 8 on Name ICAL CREATIONS BY DO	` ') 1881/18/18 (18 18/18 B) (18	1		1814 318 11 313 11 1881	
Principal Place 2045 MOH MAITLAND	IAWK TRAIL		ailing Address 2045 MOHAWK TRAIL MAITLAND FL 32751						
					3. Date Incorporated or Qu. 11/25/1991	alifed 3a. Da	te of Last I 03/21/1	Report 1995	
2. Principal P	Place of Business	2a. Mailing Address 26			4. FEI Number 59-3102831			Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Des	red		Not Applicable 5 Additional	
City & State	e	City & State			Election Campaign Finar Trust Fund Contribution		Fee Required \$5.00 May Be		
Ζιρ 24	Country 25	Zip 29	Cour	ntry	8. This corporation has liab			ed to Fees 199.032,	
	9. Name and Address of Curr	ent Registered Agent	_1 <u>-11</u>		10. Name and Address of		Agent		
	#10 - 00-10 -			81 Name		· · · · · · · · · · · · · · · · · · ·	. rigotit		
Hotaling, doris R. 2045 Mohawk Trail Maitland Fl 32751				82 Street Add	ess (P.O. Box Number is Not Ac	ceptable)			
			1	34 City		FI	85 Zi	p Code	
SIGNATURE _	to the provisions of Sections 607.05 ed agent, or both, in the State of Fig. 1, and accept the obligations of, Sc Starter, typed or proton name of registered agency of PFICERS A	iction 607.0505, Florida Statutes an and the Papplicate. No ND DIRECTORS		print signature resource	o or allocation friendly access, to		s registered	agent. Fam	
NAME STREET ADDRESS CITY-S1-ZIP	HOTALING, DORIS R 2045 MOHAWK TRAIL MAITLAND FL	☐ DELE1E		ET ADOFESS			Change	DRS IN 12 Addition	
TITLE NAME	DST HOTALING, EDWARD R JF	DELFIE	2 1 TITL 2 2 NAM			·- - -	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	2045 MOHAWK TRAIL MAITLAND FL		2.3 STRE 2.4 CITY	et adoress - St-Zip					
TITLE		☐ DELETE		F			Change	Addition	
NAME Street address			3 2 NAM 3 3 STRE	ET ADORESS			→ •		
C/TY - ST - ZiP			3.4 CHY	ST-ZIP				İ	
TITLE NAME		DELETE	4 1 TI*LI] Change	Addition	
STREET ADDRESS			4.2 NAMS						
CiTY - ST - ZiP			4.3 STREE	EL ADDRESS ST-ZIP					
IFLE	***************************************	☐ DELF1E	5 1 117LE			~	Change	Addition	
IAME			5.2 NAME			L	Onlings	☐ voviiiii	
STREET ADDRESS			5.3 S1R56	1 ADORESS					
CITY-ST-7IP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY -	\$1-719				1	
IJLE		DELETE	6 1 TITLE] Change	Addition	
IAME			6.2 NAME					-	
TREFT ADDRESS			1	T ADORESS					
IY-ST-7/P	certify that the information supplied	with this filing is voluntarily to see	64 CHY-	ST-7IP	Alan and an				

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Block 13 if changed, of on all automotions

Astaling
Signature and typed of Printed Name of Signal Officer or Director

March 27, 1996 647-7936

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