SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S99876 (2)

1. Corporation Name

SUNDEK BY CREATIVE SURFACES, INC.

Principal Place of Business
P.O. BOX 2426
HOMOSASSA SPRINGS FL 34447
US

Mailing Address
P.O. BOX 2426
HOMOSASSA SPRINGS FL 34447
US

3. Date Incorporated or Qualified: 12/12/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 ___ Suite, Apt #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address: 26 ___ Suite, Apt #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

4. FEI Number: 59-3099760 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes ☐ No

9. Name and Address of Current Registered Agent

~~GONZALES, LARRY J.~~
~~6645 RIDGE ROAD~~
~~PORT RICHEY FL 34668~~

10. Name and Address of New Registered Agent

81 Name: O'QUINN, TED L.
82 Street Address (P.O. Box Number is Not Acceptable): 7469 ALHAMBRA COURT
83
84 City: SPRING HILL, FL 85 Zip Code: 34606

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 X [signature] 07/29/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) Date

12. OFFICERS AND DIRECTORS		Delete
TITLE	~~PST~~	[X] DELETE
NAME	~~MEYER, JAMES A.~~	
STREET ADDRESS	~~6415 SOUTH TEX POINT~~	
CITY-ST-ZIP	~~HOMOSASSA FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change / Addition
1.1 TITLE	D/P/T	☐ Change [X] Addition
1.2 NAME	O'QUINN, TED L.	
1.3 STREET ADDRESS	7469 ALHAMBRA COURT	
1.4 CITY-ST-ZIP	SPRING HILL, FL 34606	
2.1 TITLE	D/VP/S	☐ Change [X] Addition
2.2 NAME	O'QUINN, WENDY E.	
2.3 STREET ADDRESS	7469 ALHAMBRA COURT	
2.4 CITY-ST-ZIP	SPRING HILL, FL 34606	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] TED L. O'QUINN 07/29/96 (352) 686-3793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)