

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Merrill
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H08108** (3)

1. Corporation Name
CREATIVE ENDS, INC.



Principal Place of Business: **% SHIRLEY KUPERMAN 7124 D ALOMA AVE. WINTER PARK FL 32792**
Mailing Address: **% SHIRLEY KUPERMAN 7124 D ALOMA AVE. WINTER PARK FL 32792**

2. Principal Place of Business		2a. Mailing Address	
21	Site, Apt., #, etc.	26	Site, Apt., #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

3. Date Incorporated or Qualified	3a. Date of Last Report
06/15/1984	01/24/1995
4. FEI Number	Applied For / Not Applicable
59-2416169	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

81. Name	KUPERMAN, SHIRLEY
82. Street Address (P.O. Box Number is Not Acceptable)	986 SEQUOIA CT
83. City	WINTER SPGS FL 32708
84. City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 601.040 and 601.1508, 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, I am familiar with and accept the obligations of Sections 601.040, Florida Statutes.

SIGNATURE: *Shirley Kuperman* **PRESIDENT** 4/8/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 17	
TITLE	PTD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUPERMAN, SHIRLEY	2. NAME	
STREET ADDRESS	986 SEQUOIA COURT	3. STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VS	22. NAME	
NAME	KUPERMAN, MURRAY	23. STREET ADDRESS	
STREET ADDRESS	986 SEQUOIA COURT	24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	WINTER SPRINGS FL	31. NAME	
TITLE		32. STREET ADDRESS	
NAME		33. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		42. NAME	
CITY-ST-ZIP		43. STREET ADDRESS	
TITLE		44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		51. NAME	
STREET ADDRESS		52. STREET ADDRESS	
CITY-ST-ZIP		53. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61. NAME	
NAME		62. STREET ADDRESS	
STREET ADDRESS		63. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		64. NAME	
TITLE		65. STREET ADDRESS	
NAME		66. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included 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 officer 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 in an attachment with an addendum.

SIGNATURE: *[Signature]* 4/8/96 4076657-6113

CR2E034 (12/95)