

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K71838 (2)**

1. Corporation Name  
**CREATIVE DESIGN GROUP, INC.**



Principal Place of Business: **16100 NE 16TH AVE. STE-B N MIAMI BCH FL 33162**  
Mailing Address: **16100 NE 16TH AVE. STE B N MIAMI BCH FL 33162**

3. Date Incorporated or Qualified: **03/10/1989**      3a. Date of Last Report: **04/11/1995**  
4. FFI Number: **65-0124041**      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:  Yes  No

2. Principal Place of Business: **650 S. Military Trail**      2a. Mailing Address: **650 S. Military Trail**  
21. Site, Apt. #, etc.: **Quorum Bldg 1 South**      26. Suite, Apt. #, etc.: **Quorum Bldg 1 South**  
22. City & State: **Deerfield Beach FL**      27. City & State: **Deerfield Beach FL**  
23. Zip: **33442**      28. Country: **USA**  
24.      25.      29.      30.

9. Name and Address of Current Registered Agent  
**DEUTSCH, MERYL  
7039 MANDARIN DRIVE  
BOCA RATON 33433**

10. Name and Address of New Registered Agent  
81. Name: \_\_\_\_\_  
82. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83. \_\_\_\_\_  
84. City: \_\_\_\_\_      85. Zip Code: **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DEUTSCH, MERYL</b>
STREET ADDRESS	<b>7039 MANDARIN DRIVE</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>O'GRADY, ALMA YOSS</b>
STREET ADDRESS	<b>800 CYPRESS GROVE DR</b>
CITY - ST - ZIP	<b>POMPANO BCH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**600001822586**  
**-05/15/96--01053--028**  
**\*\*\*200.00**

*DM*  
*5/1/96*

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *[Signature]*      DATE: *4/22/96*  
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DEUTSCH, MERYL**      DATE: *5/1/96*

CR2E034 (12/95)