

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90063 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000044528

1. Corporation Name
CREATIVE FORMS & SUPPLIES, INC.



Principal Place of Business 688 SCARLETT OAKS CIRCLE SUITE 102 ALTAMONTE SPRINGS FL 32701 US	Mailing Address 688 SCARLETT OAKS CIRCLE SUITE 102 ALTAMONTE SPRINGS FL 32701 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1742 Fifeshire Ct. Suite, Apt. #, etc. 22 City & State 23 Longwood, Florida Zip Country 24 32779 25 Seminole	2a. Mailing Address 26 1742 Fifeshire Ct. Suite, Apt. #, etc. 27 City & State 28 Longwood, Florida Zip Country 29 32779 30 Seminole
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3. Date Incorporated or Qualified 05/20/1996	4. FEI Number 59-3378642	Applied For Not Applicable
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

ADLER, JAMES M
688 SCARLETT OAKS CIRCLE
SUITE 102
ORLANDO FL 32701

10. Name and Address of New Registered Agent

81 Name Adler, James M.	82 Street Address (P.O. Box Number is Not Acceptable) 1742 Fifeshire Court	83	84 City Longwood	85 Zip Code FL 32779
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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 James M Adler (NOTE: Registered Agent signature required when reinstating) DATE 1/8/99

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	ADLER, JAMES M	
STREET ADDRESS	688 SCARLETT OAKS CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32701	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	President	<input checked="" type="checkbox"/>	
1.2 NAME	Adler, James M.		
1.3 STREET ADDRESS	1742 Fifeshire Court		
1.4 CITY-ST-ZIP	Longwood, Florida 32779		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: James M Adler DATE: 1/8/99 DAYTIME PHONE #: 407 886-1835

CR2E034 (11/98)