

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

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P97000044544**  
 1. Corporation Name  
**Creative Transport, INC.**

Principal Place of Business Mailing Address  
**5156 Point Shores Lane**  
**Gulf Breeze, FL 32561**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**5-16-97**

4. FEI Number  
**59-3448014**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State  
**Gulf Breeze FL**

23 Zip 24 Country  
**32561 Santa Rosa**

25 29 30

9. Name and Address of Current Registered Agent  
**Cathrine Miller**  
**5156 Point Shores Lane**  
**Gulf Breeze, FL 32561**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 \_\_\_\_\_  
Signature typed on previous page of this report is acceptable. (Applicable) (NOT) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen P. Sanders	1.2 NAME	
STREET ADDRESS	8905 Fortune Rd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Milton, FL 32583	1.4 CITY-ST-ZIP	
TITLE	Vice-President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cathrine Miller	2.2 NAME	200002526322
STREET ADDRESS	5156 Point Shores Lane	2.3 STREET ADDRESS	-05/18/98--01001--042
CITY-ST-ZIP	Gulf Breeze FL 32561	2.4 CITY-ST-ZIP	***8.75
TITLE	Paul + Sherry Marchand	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary-Treasurer	3.2 NAME	200002526322
STREET ADDRESS	8905 Fortune Road	3.3 STREET ADDRESS	-05/18/98--01001--041
CITY-ST-ZIP	Milton, FL 32583	3.4 CITY-ST-ZIP	***150.00
TITLE	Mike Sanders	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8905 Fortune Road	4.2 NAME	Officer-General
STREET ADDRESS	Milton, FL 32583	4.3 STREET ADDRESS	Mike Sanders
CITY-ST-ZIP		4.4 CITY-ST-ZIP	8905 Fortune Road
TITLE	Arthur Sanders	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8905 Fortune Rd	5.2 NAME	Assistant Secretary-Treasurer
STREET ADDRESS	Milton, FL 32583	5.3 STREET ADDRESS	Arthur Sanders
CITY-ST-ZIP		5.4 CITY-ST-ZIP	8905 Fortune Road
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **Cathrine Miller** Cathrine Miller 4-20-98/850-916-4261  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)