

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 01, 1999 8:00 am**  
**Secretary of State**

09-01-1999 90009 040 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000095800**

1. Corporation Name  
**CREATIVE ARM, INC.**



Principal Place of Business 596 THIRD STREET NORTH NAPLES FL 34102	Mailing Address 596 THIRD STREET NORTH NAPLES FL 34102
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/06/1997</b>	
4. FEI Number <b>59-3478624</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

9. Name and Address of Current Registered Agent  <b>PASSIDOMO, KATHLEEN C ESQ</b> <b>2640 GOLDEN GATE PARKWAY</b> <b>SUITE 315</b> <b>NAPLES FL 34105</b>	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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCANLAN, EUGENE</b> <b>596 THIRD STREET NORTH</b> <b>NAPLES FL 34102</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Eugene Scanlan* August 30, 1999 649-6680  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

P97000695800  
611638-90009-40



Monday, August 30, 1999

Division of Corporations  
Annual Report Filings  
P.O. Box 1500  
Tallahassee FL 32302-1500

Dear Sir or Madam,

Enclosed please find our corporate check in the amount of \$150. for our Profit Corporation Annual Report filing fee. I am enclosing this amount per the instructions of an individual at your office.

Our office did not receive the customary first notice. We have been on hold re this matter waiting for our accountants to return from holiday to determine if for some reason they had received our report. They had not. Neither did our registered agent. If you will check last year's records you will note that we were a quick payment on the first notice and would have been again this year had we received the first notice.

We realize that you have probably heard this story before. In the case of Creative ARM, it is the absolute truth that we did not receive the first notice. We are in only our second year of operation and take these matters seriously and again point to our fast pay last year as an indication of our commitment to follow all procedures as pertaining to our corporate status. Also, please bear in mind it makes absolutely no sense whatsoever for a young firm such as Creative ARM to choose to pay a substantially higher fee when it is not necessary.

Please take our comments seriously. We can only hope that you will believe us and provide us with the benefit of the doubt. We thank you for any and all consideration you may provide to us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gene Scanlan', is written over a horizontal line.

Gene Scanlan  
President, Creative ARM, Inc.