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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000073671**

1. Corporation Name
CREATIVE INTEGRATED SERVICES, INC.

Principal Place of Business	Mailing Address
6298 44TH AVENUE NORTH ST. PETERSBURG FL 33709	6298 44TH AVENUE NORTH ST. PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1998

2. Principal Place of Business
21: 501 KNIGHTS Run Ave
Suite, Apt. #, etc. 22: #5101
City & State 23: Tampa FL
Zip 24: 33602 Country 25: USA

2a. Mailing Address
26: P. O. Box 1792
Suite, Apt. #, etc. 27:
City & State 28: Tampa FL
Zip 29: 33601 Country 30: USA

4. FEI Number: 59-3531427 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MIKOS, CYNTHIA A ESQ.
HOLLAND & KNIGHT LLP
510 VONDERBURG DRIVE #3005
BRANDON FL 33511

Address change Only →

10. Name and Address of New Registered Agent

81 Name: Cynthia A. Mikos PA
82 Street Address (P.O. Box Number is Not Acceptable): 205 North Parsons Ave
83:
84 City: Brandon **FL** 85 Zip Code: 33510

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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Beverly DeGrandchamp 6298 44th Ave. North St. Petersburg FL 33709	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	C/P/V/T/S CeeBee Todd 501 Knights Run Avenue #5101 Tampa FL 33602	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CeeBee Todd 501 KNIGHTS Run Ave #5101 Tampa FL 33602	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Beverly DeGrandchamp 6298 44th Ave. North St. Petersburg FL 33709	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CeeBee Todd 501 Knights Run Ave #5101 Tampa FL 33602	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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: C/P/V/T/S CeeBee Todd September 14, 1999 813.221.2014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED