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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # 430842

1. Corporation Name
CREATIVE IMAGES BY EL-MAX, INC.



Principal Place of Business
 1321 W. HARVARD STREET
 ORLANDO FL 32804

Mailing Address
 1321 W. HARVARD STREET
 ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2400 NW 68 TER		26 KATHY (WHITE) CURRY		07/19/1973	
22 GAINESVILLE, FL		27 3025 KINGSWAY RD		4. FEI Number	
23 32606 Alachua		28 SEFFNER, FL		59-1170036	
24		29 33584		30 HILLSBOROUGH	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CURRY, SCOTT 1321 W HARVARD ST ORLANDO FL 32804				81 Name KATHY WHITE CURRY	
				82 Street Address (P.O. Box Number is Not Acceptable) 3025 KINGSWOOD KINGSWAY RD	
				83 SEFFNER, FL 32606	
				84 City FL 85 Zip Code 33584	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					
7. \$8.75 Additional Fee Required					
8. \$5.00 May Be Added to Fees					

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 Kathy Curry KATHY CURRY DATE 4/16/99

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	PD	1.1 TITLE	
NAME	WOOD, ELAINE	1.2 NAME	DAME (WOOD) ELAINE
STREET ADDRESS	2400 NW 68 TER	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	VP
NAME	CURRY, SCOTT	2.2 NAME	DAME, MAX
STREET ADDRESS	1321 W HARVARD STREET	2.3 STREET ADDRESS	2400 NW 68 TER
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE		3.1 TITLE	ST
NAME		3.2 NAME	KATHY WHITE
STREET ADDRESS		3.3 STREET ADDRESS	3025 KINGSWAY RD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SEFFNER, FL 33584
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE: [Signature] DATE 4/24/99 DAYTIME PHONE # 352-377-4825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)