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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 454841 1. Corporation Name CREATIVE BUSINESS FORMS, INC.

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90181 011 ***150.00

Principal Place	e of Business	Mailing Address						
7421 S.W. 147T	н ст.	7421 S.W. 147TH CT.						
MIAMI FL 33193		MIAMI FL 33193						
l						DO NOT WRITE IN THIS	SPACE	
				_		3. Date Incorporated or Qualifed 06/18/1974	-	
2. Principal Pl	ace of Business	2a. Mailing Address	"			4, FEI Number		Applied For
21		26				59-1539332		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27				5. Continuate of States Boomos	Fee	Required
City & State	e	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Adde	i to Fees
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Inta	his corporation owes the current year Intangible		
24	25	29 3	0	<u> </u>		Personal Property Tax.	✓ Yes	□No
	9. Name and Address of Currer	t Registered Agent				10. Name and Address of New Registered	Agent	
000	DEIAN DAVID		[8	81 Na	me	•		
	OMAN, DAVID		1	B2 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)		
	S.W. 147TH COURT							
MIAN	NI FL		8	83				
			ļ.,	B4 Cit			85 Zij	Code
			1'	54] Cit	y	FL		7 0000
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abo	ove-nar	ned corpo	oration submits this statement for the purpose of	changing i	ts registered
office or n	egistered agent, or both, in the State	of Florida. Such change was autitions of Section 607 0505. Florid	horized l la Statut	by the C	orporation	n's board of directors. I hereby accept the appoin	itment.as	registered
agent, ra	m fairlinar with, and accept the conga	1013 01, 000101, 0000, 1 10110		, , , , , , , , , , , , , , , , , , ,		n's board of directors. I hereby accept the appoir	1 12 4	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	egistered A	gent signa	ture required	when reinstating)	- 2/ 4 Z	-5
	OFFICERS AN					ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD	☐ DELETE	1.1 TITL				Change	
NAME	GOODMAN, DAVID		1.2 NAM	ΙE				
STREET ADDRESS	7421 SW 147TH CT		1.3 STR	EET ADDR	ESS			
CITY-ST-ZIP	MIAMI FL		1	-ST-ZIP				•
TITLE	TD	☐ DELETE	2.1 TITL			-46.0	Change	Addition
NAME !	GOODMAN, FAITH M.	_	2.2 NAM					
ı 1	7421 SW 147TH CT		1	'L EET ADOR	ree	•		}
STREET ADDRESS	MIAMI FL				E333			
CITY-ST-ZIP	SD	☐ DELETE	3.1 TITL	Y-ST-ZIP			☐ Change	Addition
TITLE	GOODMAN, BERNARD		3.1 IIIL				590	
NAME	7421 S.W. 147 COURT			_				
STREET ADDRESS:				EET ADOR	ESS			
CITY-ST-ZIP	MIAMI FL	□ DCI ETE	_	Y-ST-ZIP			Change	Addition
TITLE		☐ DELETE	4.1 TITL				⇔riangi	, LI AGUIGUII I
NAME (4, 2 NAA					
STREET ADDRESS			4.3 STR	EET ADOR	ESS			
CITY-ST-ZIP				-ST-ZIP_				
TITLE		☐ DELETE	51 TITU			•	☐ Change	Addition
NAME			5.2 NAM			•		
STREET ADDRESS			5.3 STR	EET ADDR	ESS			
CITY-ST-ZIP				-ST-ZIP_				
TITLE		☐ DELETE	6.1 TITL	E	1		Change	□ 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 🛬

TITLE

NAME

STREET ADDRESS