## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name (3)CUSTOM CREATIVITY, INC.



Principal Place of Business Mailing Address  C/O KENNETH N. JACOBY 1423 SOUTH PATRICK DRIVE 1423 SOUTH PATRICK DRIVE SATELLITE BEACH FL 32937  C/O KENNETH N. JACOBY 1423 SOUTH PATRICK SATELLITE BEACH FL 32937  SATELLITE BEACH FL			RICK DRIVE	CORIVE	
2. Principal	Place of Business			10/01/1981	04/25/1995
21	TREES OF ENGINEESS	2a. Mailing Address	·	4. FEI Number	Appled For
Suite, Ap	t.#, etc.	Suite, Apt #, etc.		59-2132023	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	ate	City & State			Fee Required
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip 24	Country	Zip	Country	This corporation has liability for in	Added to Fees
24	25 Name and Address of Co.	29	30	Florida Statutes Yes	Mangible tax under s. 199 032,
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Re	
Jacoby, Kenneth N. 1423 South Patrick Drive Satellite Beach Fl 32937			83   84   City	idress (P.O. Box Number is Not Acceptable	96 70 Cod
or registe familiar w	or the conganions of the	coor 607:0505, Florida Statute:	ites, the above-named corporation's boats.	oration submits this statement for the purp and of directors. Thereby accept the appoi	ose of changing its registered office numeric as registered agent. I am
SIGNATURE	Signature, typed or printed name of registeric ag	ent and their apparation and	oni o Villa alle i i i i i i i i i i i i i i i i i i	en e	
12.	Signature, typed or probed name of registers; ag OFFICERS A	entalettenna pieces (N: ND DIRECTORS	TL. Registered Agent segnature region		DATE
12. THUE	DP OFFICERS A	ND DIRECTORS	TE Resputered Agent segrature responsible.  13. 1 1 HTcF	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
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oath; that I am an officer or director of the samitua report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

IGNATURE:

SIGNATURE AND TYPHO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAR DISC.

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206 Designations and that my signature shall have the same logal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: