ID NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. UNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION NNUAL REPORT

1999

CUMENT #

cipal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

F94000006115)

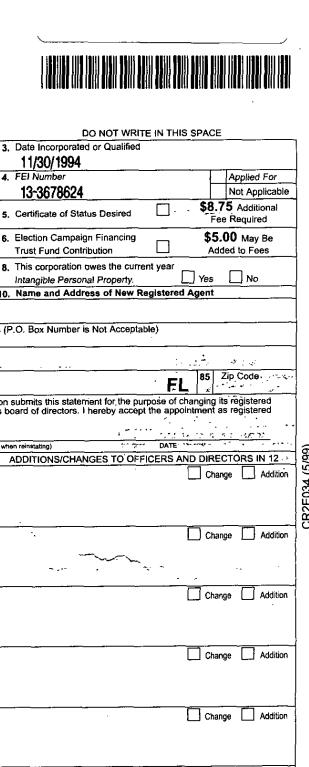
REATIVE CONTRACTING ASSOCIATES, INC.

al Place of Business Mailing Address 3487 BYRON LANE NW 99TH AVE. C/O NORMAN COHEN Y FL 33178 LONGBOAT KEY FL 34228

2a. Mailing Address

FILED Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90002 042 ***550.00



		26			13-3678624	Not Applicable	
e, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
& State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
	Country 25	Zip 29	Count	гу	This corporation owes the current year Intangible Personal Property.	Yes No	
-	9. Name and Address of Current				10. Name and Address of New Registers	ed Agent	
COHEN, NORMAN				1 Name			
3487 BYRON LANE				2 Street Add	dress (P.O. Box Number is Not Acceptable)		
LONGBOAT KEY FL 34228				3			
A CARLO CARL				"		19 van ² o v <u>az</u> tagt <u> </u>	
•	er e	,	8	4 City	· F	85 Zip Code	
fina ar rad	rictored agent or both in the State	of Florida. Such change wa	is authorized b	ov the corpora	oration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing its registered pointment as registered	
ent. I am	familiar with, and accept the obliga	tions of, section 607.0505,	Florida Statut	es.			
TURE	न पर इस इस इस अल्पिक विकास	, who 2 k			puired when reinstation)	1 1 4 77 12 14 7 14 17 14 17 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	
	nature, typed or printed name of registered agent			Agent signature re			
1 - 2 - 1	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS		
	•	L_] DELETE	1.1 TITLE			Change Addition	
	COHEN, NORMAN		1.2 NAME				
	3487 BYRON LANE		1,3 STRE	ET ADDRESS .		ļ	
IP	LONGBOAT KEY FL 34228		1.4 CITY-	ST-ZIP			
- 4	_	DELETE	2.1 TETLE		``	Change Addition	
· .			2.2 NAME	≛		Ì	
DDRESS	_	_	2.3 STRE	ET ADDRESS .			
IP			2.4 CITY-	ST-ZIP		·	
		DELETE	3.1 TITLE			Change Addition	
			3.2 NAME	₤		,	
ODRESS (3.3 STRE	ET ADDRESS			
IP			3.4 CITY-			}	
"		DELETE	4.1 TITLE			Change Addition	
		belete	4.2 NAME	_			
ODRESS				ET ADDRESS			
ĺ			4,4 CITY-	ł			
P -		The str	5.1 TITLE			Change Addition	
Ì		L DELETE	5.1 THEE	1		Change Addition]	
DDRESS (ET ADDRESS			
P			5.4 CITY-				
		L_ DELETE	6.1 TITLE			Change Addition	
-			6.2 NAME	í		}	
DDRESS			6.3 STRES	ET ADDRESS			
P			6.4 CITY-				
reby certif	fy that the information supplied with	this filing does not qualify fo	or the exemption	on stated in se	ction 119.07(3)(i), Florida Statutes. I further certi	ify that the information	

reby 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 cated on this annual report or experimental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am officer or director of the corporation or the receiver or trustee empowered the execute this report as required by Chapter 607, Florida Statutes; and that my name appears lock 12 or Block 13 if changed, or on an attachment with an address.

NATURE:

8/30/99

941-383-2116