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**Feb 10 1997 8:00am
Secretary of State**



PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600000240 (9)

1. Corporation Name
CREATIVE COMPUTER SOLUTIONS, INC.



Principal Place of Business
**5994 W. LAS POSITAS BLVD
SUITE 123
PLEASANTON CA 94588**

Mailing Address
**5994 W. LAS POSITAS BLVD
SUITE 123
PLEASANTON CA 94588-8525**

3. Date Incorporated or Qualified
01/12/1996

3a. Date of Last Report

4. FEI Number
94-2665626

Applied For
 Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARKE, GREGORY R	
STREET ADDRESS	5994 W. LAS POSITAS BLVD, SUITE 123	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CLARKE, JANET C	
STREET ADDRESS	5994 W. LAS POSITAS BLVD, SUITE 123	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, STEPHEN E	
STREET ADDRESS	5994 W. LAS POSITAS BLVD, SUITE 123	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALBOEUF, EDMUND	
STREET ADDRESS	5994 W. LAS POSITAS BLVD, SUITE 123	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, HENRY	
STREET ADDRESS	5994 W. LAS POSITAS BLVD, SUITE 123	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALSH, BRIAN	
STREET ADDRESS	5994 W. LAS POSITAS BLVD, SUITE 123	
CITY-ST-ZIP	PLEASANTON CA 94588	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Gregory R Clarke* **2/4/97** **510847-3838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)