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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CREATIVE ADVERTISING & VIDEO PROMOTIONS, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 8620 BEULAH RD P O BOX 10145					- L CONTRA ÉDON LOVET OTRAL CRITIC RATES ODES OTRAL OTRES OTRES DEBLE DEBLE DEBLE			
PENSACOLA		P O BOX 10145 PENSACOLA FL 32524						
161101000	The States	US				DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified 02/15/1984		
2. Principal I	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	1/	Applied For
1		26				59-2367038		ot Applicabl
Sulte, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
2		27				Fee Required		
City & Sta	ite	City & State				6. Election Campaign Financing \$5.00 May Be		
3		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the co		
<u> </u>	25	29	30					No
	9. Name and Address of Cur	rent Registered Agent			r	10. Name and Address of New Registered	Agent	
	STR ad a, ronald			81	Name			
	20 B ÉULAH RD		ŀ	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
PE	ensácola FL 32526		Į			·		
				83				
	•		1	84	City		85 Zip	Code
			1	٦,	City	Fi	_	Code
SIGNATURE	Signature, typed or printed hame of registered	agent and title it approable (NOTI AND DIRECTORS	L: Registered	Ager	nt signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PID	DELETE	1.1 10	1 F		ADDITIONS/CHANGES TO OTTICENS AN	Change	Additio
NAME	ESTRADA, RONALD		1.2 NA				ogo	
STREET ADDRESS	8620 BEULAH RD				ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		1.4 CIT		- 1			
TITLE		DELETE	2.1 TIT		1-611		Change	☐ Additio
NAME			2.2 NA					
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CITY-ST-ZIP			2.4 CI			e ·		
TITLE		☐ DELETE	3 1 TIT				Change	Additio
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 STF	AEET ,	ADDRESS			
CITY-ST-ZIP			3.4. CH	TY-S	iT-ZIP			
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NAME			4. 2 NA	ME				
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CITY-ST-ZIP			4.4 CIT	<u>Y - ST</u>	í-ZIP			
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NAME	1		5.2 NAJ	ME				
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CITY-ST-ZIP			5.4 CIT	Y-S1	I - ZIP			
TITLE		☐ DELETE	6.1 TITI	LE			Change	Additio
NAME			6.2 NAI	ME				
STREET ADDRESS			6.3 STF	REET A	ADDRESS			
CITY-ST-ZIP	l		6.4 CIT	Y-ST	i-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 eath; 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.