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 # G89107

(8)

CREATIVE PRINTING AND LITHO, INC.					
Principal Plac	e of Business	Mailing Address		I IBBINIK ABDI ABINI KATAN ABAN ABINI ABBI BIBNI B	FIGUR BURNI GIRNA BURNI GORAFA (DD)
%NOYCE C. HRAGYIL 1409 49TH STREET SOUTH GULFPORT FL 33707-4301 US		C/O JOYCE C. HRAGYIL 1409 49TH ST S. ST PETERSBURG FL 33707-4301		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
05				03/01/1984	
2. Principal P	lace of Business	2a, Mailing Address		4, FEI Number	Applied For
21		26		59-2443152	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		b, continues of blades booked	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	ed Agent
HRAGYIL, JOYCE C. 1409 49TH ST S.			81 Name		
			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)	
ST. PETERSBURG FL 33707-4301			83	· · · · · · · · · · · · · · · · · · ·	
ļ			84 City		as Zin Cada
			11 7		L 85 Zip Code
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	Signature, typed or printed name of registered agr	ont and little if applicable. /NOTE:	Registered Agent signature	required when reinstating) DAT	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	
TOTLE	P	DELETE	1.1 TITLE		Change Addition
NAME	HRAGYIL, JOYCE C		1.2 NAME		
STREET ADDRESS	5035 99TH WAY N.		1.3 STREET ADDRESS		Ì
CITY-ST-ZIP	ST PETERSBURG FL 33708		1.4 CITY-ST-ZIP		
TITLE		DELETE	21 TITLE		☐ Change ☐ Addition
NAME	HRAGYIL, JOYCE C		22 NAME		
STREET ADDRESS	5035 99TH WAY N.		2.3 STREET ADDRESS		1
CITY-ST-ZIP	ST PETERSBURG FL 33708	——————————————————————————————————————	2.4 CITY-ST-ZIP		
TITLE	V	☐ DEL ete	3.1 TITLE		☐ Change ☐ Addition
NAME	HRAGYIL, FRANK		3.2 NAME		ļ
STREET ADDRESS	5035 99TH WAY NORTH ST. PETERSBURG FL		3.3 STREET ADDRESS		
CITY-ST-ZIP	VI. FEILHODONG FL	DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		j
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		İ
STREET ADDRESS	:		6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 CITY - ST - 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 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:

3-16-91

SUBJECT

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