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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90141 041 ***150.00

DOCUMENT # **H27343**

1. Corporation Name

CREATIVE INK. INCORPORATED

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Principal Place of Business		Mailing Address	Ü			***************************************))
3801 MCINTO Sarasota Fi		3801 MCINTOSH RD						
US		SARASOTA FL 37232 US				DO NOT WRITE IN 1	THIS SPACE	
						3. Date Incorporated or Qualifed		
						10/26/1984		
2. Principal I	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-2464977		Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	5 Additional
City & Cto		27				5. 55. 15. 		e Required
City & Sta	.te	City & State				6. Election Campaign Financing		00 May Be
23 Zip	Country	28 Zin	Cour			Trust Fund Contribution		ded to Fees
24	Country 25	Zip	Coun	itry		8. This corporation owes the current year		ብ ም ሽ አገ _ድ
24	9. Name and Address of Curr	rent Registered Agent	30	—		Personal Property Tax.	☐ Yes	¥Z[No
	3. Haine and Address 5, 5411	eur vediareren viteri		81	Name	10. Name and Address of New Registe	rea Agent	
MC	Call, Lee					·		
	1 CATTLEMEN RD.		1	82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	RASOTA FL 34236		-	83				
			[03			•	
			7	84	City	· •	85 2	Zip Code
44 Pursuant	to the provisions of Sections 607.0	EO2 and EO7 1508 Florida Str	tistan the ab				FL °° ′	No Caluad
onice or	registered agent, or both, in the Stat	ite of Florida. Such change was	is authorized l	by the	named corporation	ration submits this statement for the purposition submits this statement for the purpositions board of directors. I hereby accept the appropriate the purposition of	e of changing	j its registerea s reaistered
agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505, F	Florida Statut	les.	•	• • •		- / - 3
SIGNATURE	Signature, typed or printed name of registered a				 			
12.		AND DIRECTORS (NC	OTE: Registered A	gent si	signature required w	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		TODE IN 12
TITLE	P	DELETE	1.1 TTL	F		ADDITIONS/ORANGES TO OFFICERS	Chan	
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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, with all other like empowered.

6.4 CITY-ST-ZiP

SIGNATURE:

CR2E034 (11/98)