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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

DELRAY BEACH FL 33483

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

% JAMES TITCOMB 3842 N. OLD DIXIE HWY.

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K27048

2a. Mail

City & State

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JAMES TITCOMB CREATIVE INC.

Mailing Address		e battatte men einer sante bater annag fatt getigt alleit arnet nicht affir ente				
% James Titcomb 3842 N. Old Dixie HWY. Delray Beach FL 33483-6322						
	 Date Incorporated or Qualified 06/27/1988 	7/30/1996				
a. Mailing Address	4. FEI Number	Applied For				
6	65-0057625	Not Applicable				
Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required				

6. Election Campaign Financing

FILED

Apr 30 1997 8:00am

Secretary of State

23 28 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, 29 Florida Statutes Yes No 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TITCOMB, JAMES 3842 N. OLD DIXIE HWY. 82 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33483** 83 RA City 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. Lan tamiliar with and accept the polylarigns of Section 607,0505. Florida Statutes.

ayacin i a	IT IS TIMES WITH BITCH ACCEPT THE CIDING ALLOHOUS OF DECIDITION	.baos, mona	a Jiaiaico.				
SIGNATURE	Segnature, typica or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature re	quired when reinstating)		DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHA	NGES TO OFFICER	RS AND DIRECTOR	S IN 12
TITLE	0 🔲 🖯	ELETE	1.1 TITLE			Change	Addition
NAME	TITCOMB, JAMES		1.2 NAME				
STREET ADDRESS	3842 N OLD DIXIE HWY		1.3 STREET ADDRESS				
CITY-SI-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP				
TITLE		ELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ACORESS			2.3 STREET ADDRESS				
CFY-\$1-7IP			2.4 CITY-ST-ZIP				
THE	□ DI	ELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST ZII			3 4. CITY+ST-ZIP				
THE	□ DI	ELETE.	4.1 TITLE	4		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
C-TY - ST - ZIP			4.4 CITY-ST-ZIP				
TILLE	Di	ELETE	5.1 TITLE			Change Change	Addition
NAMÉ			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY ST-7IP			5.4 CITY-ST-ZIP				
TIFLE	□ DI	ELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREET ADDRESS				,
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14. I do hereby certily 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 path; 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

SIGNATURE:

\$5.00 May Be