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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # K9	2758 (7)				
Creative ideas unlimit					
Principal Place of Business	Mailing Address			I JAH BIBII DAAN BIBII bi	
C/O LINDA B. MEYERS 810 SATURN ST. SUITE 16 JUPITER FL 33477	C/O LINDA B. MEYER	C/O LINDA B. MEYERS BIO SATURN ST. SUITE 16 JUPITER FL 33477			
2 (2)				3a. Date of Last 03/08/19	Date of Last Report 03/08/1995
2. Principal Place of Business	28. Mailing Address 26		4. FEI Number 65-0134844		Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired		5 Additional Required
City & State	City & State	•	Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip Gountry	Z _I p 29	Country 30	This corporation has liability for in Florida Statutes Yes Yes	ntangible tax under	s 199.032,
9. Name and Address	of Current Registered Agent		10. Name and Address of New R	egistered Agent	
MEYERS, LINDA B. 810 SATURN ST		81 Name 82 Street Add	ress (P.O. Box Number is Not Acceptable)		
SUITE 16 JUPITER FL 33477		63			
		84 City		FL 85	Zip Code
Signature (cost or printed name of rag 2. OFFIC	CERS AND DIRECTORS	OTE: Registered Agent signature require	rt when reinstating) ADDITIONS/CHANGES TO OFFIC		
MEYERS, LINDA B. 810 SATURN ST, STI 3TY-ST ZIP JUPITER FL	□ DELETE	1 1 TIPLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP		☐ Change	☐ Addition
'EF AME HI- LADIGESS	Detere	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS		☐ Change	Addition
IX-S1-7IP LE ME PELLADURESS	☐ DELETE	2 4 CITY - ST- ZIP 3 1 TITLE 3 2 NAME 3.3 STREET ADDRESS		☐ Change	☐ Addition
**-SL-7P LE ME ME LADDRESS	DELETE	34 CITY-ST-ZIP 4.1 TITLE 42 NAME 4.3 STREET ADDRESS		☐ Change	Addition
Y - \$1 - 7/P LF MR	☐ OELEIŧ	4 4 CHY-ST-ZIP 5 1 TITLE 5 2 NAME		☐ Change	Addition
FF (ACDRESS) V S (-70) UF ME	DELETE	5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 6 1 THLE 62 NAME		☐ Change	Addition
PLET ADDRESS D+S1-ZP	supplied with this filing is voluntarily furn	6.3 STREET ADDRESS	or the exemption stated in Section 119.0	7/3/k) Florido Stot	tos 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 cath; that I am an officer or directory 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 lightnanged, or on mattaching report an address.

SIGNATURE: >

ITED NAME OF SIGNING OFFICER OR DIRECTOR

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