## 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

## DOCUMENT # **K92758**

1. Corporation Name

CREATIVE IDEAS UNLIMITED, INC.

Principal Place of Business
C/O LINDA 8. MEYERS 810 SATURN ST. SUITE 16 JUPITER FL 33477

Mailing Address

C/O LINDA B. MEYERS 810 SATURN ST. SUITE 16

## **FILED** Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90007 029 \*\*\*150.00



upiter fl 334		JUPITER FL 33							
						3. Date Incorporated or Qualif	fed		
						06/05/1989			
2. Principat Pl	ace of Business	2a. Mailing Ad	dress			4. FEI Number		Ap	plied For
ה		26				65-0134844		, No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.			5. Certificate of Status Desired	d []		Additional
2		27				5. Certificate of Status Desired		Fee R	equired
City & State	e	City & Sta	ate			6. Election Campaign Financi	ng 🗔	\$5.00	May Be
3		28				Trust Fund Contribution	a	Added	to Fees
Zip	Country	Zip		Country		8. This corporation owes the	current year Inta	ingible	
i]	25	29	30	7		Personal Property Tax.	•	Yes	□No _
<u>'</u>	9. Name and Address of Curren			<u>'                                    </u>		10. Name and Address of Ne	w Registered A	\gent	
	<b>V.</b> 1			81	Name				
MEY	ers, linda 8.								
	SATURN ST			82	Street Add	ress (P.O. Box Number is Not Acc	eptable)		
SUIT				83					
	TER FL 33477								_
JUPI	IEN FL 304//			84	City		1	85 Zip	Code
					'		<u> </u>		·
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, F	lorida Statutes,	the above	e-named corp	poration submits this statement for	the purpose of a	changing its	registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such ch	iange was auth 17.0505 Florida	Orized by	the corporation	on's board of directors. Thereby at	ccept tile appoin	unontas it	gistored
agent. i ai	m ramiliar with, and accept the obliga-	aons or, section of	77.0005, 1 1011uz	a Statutes			•		
SIGNATURE	Signature, typed or printed name of registered agen	at and title if analysable	(NOTE: Re	astered Age	nt signature require	ed when reinstating)	DATE		
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indicated on this annual report or supplemental annual report is due and accurate and that my signature shall have the same regardened as it made under oan, that i am a 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.

2-16-99 5617462057