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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L78787

CREATIVI	E COMPUTER I	designs inc).							
Principal Flace	of Business		Mailing Address				1 10011011 011 10001 1511	19421 18111 1887 47811	4,4,1, 2,2,1, 4,4,1, 4,1,	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
% LINDA LLITES POURGHAFARI % LII 13240 SW :/8TH PL 13240				% LINDA LUTES POURGHAFARI 3240 SW 28TH PL			DO NOT WRITE IN THIS SPACE			
							3. Date incorporated or Q 06/05/1990	ualifed		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		App	lied For
21			26			65-0204120		Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status De	sired	\$8.75 A		
22			27			5. Certificate of Status De		Fee Rec	uired	
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Cot	ntry	Zip		Country		8. This corporation owes	the current year I	ntangible	_
24	25	•	29	3	0		Personal Property Tax.			□No
		dress of Current	Registered Agent				10. Name and Address o	f New Registere	d Agent	
					81	Name				
	rghafari, linda	LUTES			82	Street 4 dd	ress (P.O. Box Number is Not	Acceptable)		
13240 SW 28TH PL					02	Ollectrida				
DAVI	E FL 33330				83					l
		· ·			84	City			85 Zip 3	ode
					Į.	,		ĮF.	L	
office or re agen . I ai	egistered agent, or to m familiar with, and	oth, in the State of accept the obligation	ons of, Section 607	.0505, ⊞orio	la Statutes		poration submits this statement ion's board of directors. I heret	by accept the app	ointment as reg	istered
	Signature, typed or printed			(NOTE: R		it signature /+ quir	ed when reinstatin 3) ADDITIONS/CHANGES		AND DIRECTOR	RS IN 12
12.		OFFICERS AND		DELETE	13.		ADDITIONS/CHANGES	TO OF FIGER	☐ Change	Addition
TITLE	D	LINIDA LLITEC		DELETE					<u> </u>	_
NAME	POURGHAFARI,				1.2 NAME					}
STREET ADD RESS	13240 SW 28TH	PL				ADDRESS				'
CITY-ST-ZIP	DAVIE FL			DELETE	1.4 CITY-S	1-ZIP			Change	Addition
TITLE	•			DECETE	2.1 TITLE					_
NAME					2.2 NAME					
STREET ADCRESS						TADDRESS '				
CITY-ST-ZIF				DELETE	2, 4 CITY-5 3,1 TITLE	ST-ZIP			Change	Addition
TITLE				DECETE						
NAME					3 2 NAME					
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIF	<u> </u>			DELETE	3,4, CITY-3	ST-ZIP			Change	Addition
TITLE			لسا	DELETE	4.1 TITLE					_
NAME					4.2 NAME					
STREET ADI RESS					L	TADDRESS				
CITY-ST-ZIF				DELETE	4.4 CITY-S	T-ZiP			Change	Addition
TITLE			Ц	DELETE	5.1 TITLE 5.2 NAME					_
NAME						T ADDRESS				
STREET ADDRESS					5.4 CITY-5					
CITY-ST-ZIF				DELETE	6.1 TITLE	1.71			☐ Change	Addition
TITLE	I		L		1	ı			_ ~	

14. The eby certify that the information supplied with this filing does not qualify for the exemption state 1 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. CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS