MAY 09 '96 12:41 FR ATKINSON DINER ET AL 305 920 2711 TO 7712008 P.03/06

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

1996 MAY 13 PM 3:07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M 34572

1. Corporation Name

THE CREATIVE DEPARTMENT, INC

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: JULY 1, 1986
3a. Date of Last Report: FEB. 6, 1995

2. Principal Place of Business
21 1901 W. CYPRESS CREEK Rd
Suite, Apt. #, etc.
22 6th FLOOR
City & State
23 FORT LAUDERDALE, FL
Zip
24 33309 25 Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29 30 Country

4. FEI Number: 59-2688679 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

NORMAND TOUSIGNANT
3599 SATIN LEAF CT
CORAL SPRINGS FL 33065 US

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT / DIRECTOR	☐ DELETE
NAME	JOHN DRURY	
STREET ADDRESS	4992 NW 99th DR.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	VICE PRESIDENT / DIRECTOR	☐ DELETE
NAME	STAN HARRIS	
STREET ADDRESS	11841 NW 11th ST	
CITY-ST-ZIP	PLANTATION, FL 33323	
TITLE	VICE PRESIDENT / DIRECTOR	☐ DELETE
NAME	PHIL COHEN	
STREET ADDRESS	1101 PARKSIDE CIRCLE NO.	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	SECRETARY / TREASURER	☐ DELETE
NAME	NORMAND TOUSIGNANT & DIRECTOR	
STREET ADDRESS	3599 SATIN LEAF CT	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Normand Tousignant Normand Tousignant 5.10.96 954.771.1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TL 5/13/96