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FILED

Jul 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

MAY 13, 1996

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

2. Principal Place of Business

21 1901 W. CYPRESS CREEK RD

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 6th Floor

Suite, Apt. #, etc.

27

City & State

23 FORT LAUDERDALE FL

City & State

28

Zip

24 33309

Country

25 U.S.

Zip

29

Country

30

9. Name and Address of Current Registered Agent

NORMAND TOUSIGNANT  
3599 SATIN LEAF CT  
CORAL SPRINGS, FL 33065

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DIRECTOR ☐ DELETE  
NAME STAN HARRIS  
STREET ADDRESS 11841 NW 11th ST  
CITY-ST-ZIP PLANTATION, FL 33323

TITLE DIRECTOR ☐ DELETE  
NAME PHIL COHEN  
STREET ADDRESS 1101 PARKSIDE CIRCLE NO  
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE DIRECTOR ☐ DELETE  
NAME NORMAND TOUSIGNANT  
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

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 hereby certify 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 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. I changed or on an attachment with an address.

SIGNATURE: Normand Tousignant NORMAND TOUSIGNANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/97

954-771-1800

CP2E034 (9/96)