FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38788** **(6)**

1. Corporation Name
CREATIVE DIMENSIONS, INC.

Principal Place of Business	Mailing Address
1040 CROWN POINTE PKWY.. STE. 900 ATLANTA GA 30338	1040 CROWN POINTE PKWY.. STE. 900 ATLANTA GA 30338

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/11/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1982844	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	1.1 TITLE		☐ Change ☐ Addition
NAME	WOOLDRIDGE, RAYMOND A.	1.2 NAME		
STREET ADDRESS	1040 CROWN POINTE PKWY.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	P	☒ Change ☐ Addition
NAME	HAAS, MARSHALL H.	2.2 NAME	WOOLDRIDGE, RAYMOND A.	
STREET ADDRESS	FIVE CONCOURSE PKWY.	2.3 STREET ADDRESS	1040 CROWN POINTE PKWY #900	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	ATLANTA, GA	
TITLE	VP	3.1 TITLE		☐ Change ☐ Addition
NAME	WOOLDRIDGE, RAYMOND A.	3.2 NAME		
STREET ADDRESS	1040 CROWN POINTE PKWY.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	HOUSLEY, DONNA	4.2 NAME		
STREET ADDRESS	1040 CRONW POINTE PKWY.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE	T	☒ Change ☐ Addition
NAME	BUSCHMAN, BOB	5.2 NAME	BARBARA BOOTH	
STREET ADDRESS	1040 CROWN POINT PKWY, #900	5.3 STREET ADDRESS	1040 CROWN POINTE PKWY #100	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	ATLANTA, GA 30338	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 enumeration.

SIGNATURE: Barbara Booth 4/24/95 (404) 346-1183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300150 FP