

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90027 019 ***150.00

0169373

DOCUMENT # P92000000080

1. Corporation Name

THE CREATION NETWORK INC.

Principal Place of Business

1750 UNIVERSITY DR
SUITE 204
CORAL SPRINGS FL 33071
US

Mailing Address

1750 UNIVERSITY DR
SUITE 2045
CORAL SPRINGS FL 33071
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1992

4. FEI Number

65-0377314

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 9832 W. SAMPLE RD.
Suite, Apt. #, etc.

2a. Mailing Address

26 9832 W. SAMPLE RD.
Suite, Apt. #, etc.

City & State

23 CORAL SPRINGS, FL

City & State

28 CORAL SPRINGS, FL

24 33065 25 USA 29 33065 30 USA

9. Name and Address of Current Registered Agent

LEWKOWICZ, RICHARD T
1750 N UNIVERSITY DR
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

MARK LEWKOWICZ

82 Street Address (P.O. Box Number is Not Acceptable)

9832 W. SAMPLE ROAD

83

84 City

CORAL SPRINGS

FL

85 Zip Code

33065

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Mark R. Lewkowicz

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME LEWKOWICZ, RICHARD T
STREET ADDRESS 1691 NW 65 TERRACE
CITY-ST-ZIP MARGATE FL 33063

TITLE D ☐ DELETE
NAME LEWKOWICZ, MARK R
STREET ADDRESS 3919 NW 72 LANE
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

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark R. Lewkowicz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/99 954-345-0500

CR2E034 (11/98)