

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 4:18

DOCUMENT # P93000002217 (6)

1. Corporation Name

CREATIVE RESEARCH, INC.

Principal Place of Business

1000 ISLAND BLVD., #2910
NORTH MIAMI BEACH FL 33160

Mailing Address

1000 ISLAND BLVD., #2910
NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/11/1993	3a. Date of Last Report 09/09/1994
4. FEI Number 65-0383892	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 Suite, Apt. #, etc. #2509

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc. #2509

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ENRICO, FORTI
1000 ISLAND BLVD., #2910
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable) 1000 ISLAND BLVD. #2509	
83	
84 City	FL

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FORTI, ENRICO
STREET ADDRESS	1000 ISLAND BLVD #2910
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	HEATHER CRAVE
2.3 STREET ADDRESS	1000 ISLAND BLVD. #2509
2.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160
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, the undersigned, 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 of this report, or on an attachment to this address.

SIGNATURE:

Heather Crave

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/94

9320213