## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address
3700 ISLAND BOULEVARD

SUITE C-205

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

3700 ISLAND BOULEVARD

SIGNATURE:

SUITE C-205



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 02 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000002217 (6)

CREATIVE RESEARCH, INC.

US		US		3. Date Incorporated or Qualified 3a. Date 01/11/1993 03/29	of Last Report /1996
2. Principal Fr	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0383892	Not Applicable
Funte, Apt #, cta		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution Added to Fees	
Z <sub>1</sub> p	Country	Zip	Country	8. This corporation has liability for intangible tax	
24	25	29	30	Florida Statutes 💢 Yes 🛄	No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Ag	ent
FORLI, ENRICO 3700 ISLAND BOULEVARD SUITE C-205 NORTH MIAMI BEACH FL 33160			81 Name 82 Street Addr 83	82 Street Address (P.O. Box Number is Not Acceptable)	
			<b>B4</b> 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 are tarm are with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, type for professional agent and their applicable. (NOTE Registered Agent signature required when reinstating).  DATE					
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TIFEF	P	DELETE	1.1 TITLE		Change Addition
NAME	FORTI, ENRICO		1.2 NAME		_
STREET ACORESS	3700 ISLAND BLVD. C-205		1.3 STREET ADDRESS		
			1		
Oliv-SZIP	NORTH MIAMI BEACH FL	Locuette	1.4 City-St-ZIP		Toleran Thadasia
Title	S	DELETE	21 TITLE	<u>L.</u>	Change Addition
NAME	CRANE, HEATHER		2.2 NAME		•
STELL LASJORESS	3700 ISLAND BLVD, C-205		2 3 STREET ADDRESS		
CH1-S1-7P	North Miami Beach Fl		2 4 CITY-ST-ZIP		
TIFE		☐ DELETE	3.1 TITLE		Change   Addition
NAME			3 2 NAME		
STEEL LALUMESS			3.3 STREET ADDRESS		
CITY-ST ZII			34. CITY-ST-ZIP		
Tifef		DELETE	4.1 TITLE		Change Addition
NGFAE		•	4. 2 NAME		
STEFFET ACORESS			4.3 STREET ADDRESS		
l t					
CITY+S1 74P		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
		L., beter		_	J Onlingo L. L. Fridanion
NAME			5 2 NAME		
STEELT ADDRESS			5.3 STREET ADDRESS		
COTY - ST - ZIP		T bolter	5.4 CITY - ST - ZIP	<del></del>	Change Addition
TIME		☐ DELETE	6.1 TITLE	L.	] Change
NAME			6.2 NAME		
STEFFE LALORIESS			6.3 STREET ADDRESS		
CITY+S!- ZIP		· VIII -	6.4 CITY - ST - ZIP		
14. I do 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 changed or on an attachment with an address.					