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 APR 13 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000007143 (8)**

1. Corporation Name

DESIGNWORKS CREATIVE PARTNERSHIP, INC.

Principal Place of Business	Mailing Address
17556 LAKE ESTATE DRIVE BOCA RATON FL 33496	17556 LAKE ESTATE DRIVE BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 450 FAIRWAY DRIVE	26 450 FAIRWAY DRIVE
Suite, Apt. #, etc. 22 104	Suite, Apt. #, etc. 27 104
City & State 23 DEERFIELD BEACH FL	City & State 28 DEERFIELD BEACH FL
Zip / County 24 33441 / 25 BROWARD	Zip / County 29 33441 / 30 BROWARD

4. FEI Number: 65-0464737 — ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JAMES, KEITH A
777 SOUTH FLAGLER DRIVE
SUITE 310 EAST
WEST PALM BEACH FL 33401

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 _____ (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	PRESIDENT & D/12 ☐ Change ☐ Addition
NAME		12 NAME	STEVEN M HEIMER
STREET ADDRESS		13 STREET ADDRESS	450 FAIRWAY DRIVE #104
CITY ST ZIP		14 CITY ST ZIP	DEERFIELD BEACH FL 33441
TITLE		21 TITLE	SEC/TR - D/12 ☐ Change ☐ Addition
NAME		22 NAME	ELLIOT J. BRODY
STREET ADDRESS		23 STREET ADDRESS	17556 LAKE ESTATE DRIVE
CITY ST ZIP		24 CITY ST ZIP	BOCA RATON FL 33496
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

MA 4/11

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)(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 the 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.

SIGNATURE: _____ 4/7/95 (305) 420-0799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0201103 CP