

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

**FILED**  
**Feb 08, 1999 8:00am**  
**Secretary of State**

02-08-1999 90056 033 \*\*\*\*\*150.00



**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Haris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P94000036301**  
 1. Corporation Name  
**CREATIVE BUSINESS SYNERGIES, INCORPORATED**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 P.O. BOX 114529  
 MIAMI FL 33111  
 US

Mailing Address  
 P.O. BOX 114529  
 MIAMI FL 33111  
 US

3. Date Incorporated or Qualified  
**05/13/1994**

4. FEI Number  
**65-0493301**

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 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 City  
 84 State  
 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, who is a duly qualified and authorized officer or registered agent, or both, in the State of Florida, Such change was authorized by the board of directors of 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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	<b>PST</b>	NAME	<b>ROBINSON, TERI</b>
STREET ADDRESS	<b>121 S E 1ST ST #1007</b>	CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>D</b>	NAME	<b>ROBINSON, TERI</b>
STREET ADDRESS	<b>121 S E 1ST ST #1007</b>	CITY-ST-ZIP	<b>MIAMI FL 33131</b>
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE		1.2 NAME	
1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
2.1 TITLE		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
3.1 TITLE		3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
4.1 TITLE		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
6.1 TITLE		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 indicated on this annual report or supplemental annual report is true and accurate and 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 information.

SIGNATURE: Teri Robinson, President Date: 1-18-99 305-373-6652

CR2E034 (1/98)