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

PROFIT



FLORIDA DEPARTMENT OF STATE

1	UAL REPORT 1996	Secreta	B Mortham ary of State CORPORATIONS		
DOCU 1. Corporatio	MENT # P9400	0041729 (2)		
CREA	TIVE FORCE INC.			I IO BING ON HIS TENT OF OUR GOVERNMENT	i telit etili etti etti ileri ileri ileri ilen ilen ilen
Principal Place	e of Business	Mailing Address			
5217 SPICE	DRIVE CH GARDENS FL 33418	5217 SPICE DRIVE			
FALM DENO	IN SANDENS PL 33416	PALM BEACH GARDEN	S FL 33418	3. Date incorporated or Qualified	To- Day (I - + D
				06/03/1994	3a. Date of Last Report 04/28/1995
2. Principal P	tace of Business	2a. Mailing Address 26 SAME	_	4. FEI Number 65-0506442	Applied For
Suite. Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State	Α	City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	9. Name and Address of Currer	29 nt Registered Agent	30	Florida Statutes Yes 10. Name and Address of New F	No
11. Pursuant or register familiar wi SIGNATURE	to the provisions of Sections 637,050, red agent, or both, in the State of Flori th, and accept the obligations of, Sect	ion 607 0505, Florida Statutes	84 City s, the above named corps d by the corporation's bo.	oration submits this statement for the pur and of directors. Thereby accept the appo	PL 85 Zip Code pose of changing its registered office bintment as registered agent. I am
12.	OFFICERS AN	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE NAME STREET ADDRESS	D STEPPE, JACKIE 5217 SPICE DRIVE	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS		☐ Change ☐ Addition
CITY+ST-ZIP THLE	PALM BEACH GARDENS FL	33418 	14 CITY - \$1 - ZIP 2 1 DICE		
NAME STREET ADDRESS CITY-ST-ZIP		Within	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - S1 - ZiP		Change Add tion
TIFLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAME		
CITY - ST - ZIP			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE		☐ DELF16	4 1 TITLE	1.07 Ab	Change Addition
NAME STREET ADDRESS			4.2 NAME		
CITY - ST - ZiP			4.3 STHEET ADDRESS		
TITLE		DECETE	44 0 (TY - ST - 7)P 5 1 T(LE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADORESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY: ST-ZIP 6.1 TITLE		Character Calabri
NAME		Last Direction	6 2 NAME		Change
STREET ADDRESS			6 3 STHEET ADDRESS		

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)(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 13 if changed, or on an attachment with an address.

640!fy-ST-7!P

CITY - ST - ZiP

SIGNATURE: STEPPE PRE PRES.

CR2E034 (12/95)