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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 30 1997 8:00am

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Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

NAME

STREET ADDRESS

SIGNATURE:

14. I do hereby certify that the informatinformation indicated on this annual am an officer or director of the or appears in Block 12 or Block 13.

CITY-ST-ZIP

DOCUMENT # P94000045701 (7)
1. Corporation Name

CREATIVE MAIL SERVICES INC.

Principal Prace of Business Mailing Address								
7655 WEST GU CRYSTAL RIVE		WEST GULF TO LAKE HIGHWAY STE. 13 FAL RIVER FL 34429-7910						
					3. Date Incorporated or Qualified 06/15/1994	3a. Date of Last I 04/23/1996	Report	
2. Principal Place of Business 2a. Mailing			Address		4. FEI Number		Applied For	
21	26			<u>59-3248279</u>	, N	ot Applicable		
Suite, Apt. #, etc. Suite Apt. #			. #, etc.		5. Certificate of Status Desired	1	Additionat	
27					or optimization of ordinary	Fee P	Required	
City & State City & State 28					6. Election Campaign Financing	,	May Be	
Zip Country		Z <sub>I</sub> p Country		Trust Fund Contribution		to Fees		
24	25 29 30		<b></b>	riti y	This corporation has liability for Florida Statutes	or intangible tex under a	s. 199.032,	
<del></del>	9. Name and Address of Currer		[30]		10. Name and Address of New F			
COR	CORAN, RICHARD M			81 Name				
7655 WEST GULF TO LAKE HIGHWAY STE. 13				00	1			
CRYSTAL RIVER FL 34429				82 Street	Address (P.O. Box Number is Not Accept	able)		
				63				
				<b>64</b> City		85 Zip	Code	
11. Pursuant to the provisions of Sections 607 0502 and 607, \$608. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register.								
11. Pursuant to the provisions of Sections 607 0502 and 607 to 608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the 50 tre of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar withy and accept the obligations of Jection 607.0505, Florida Statutes.								
agent. i a SiGNATURE	IUWIV					1/25/97	<b>}</b>	
12.	Signative, Whed or printed name of registered age		(NOTE: Registered	Agent signature	required when reinstating)	DATE	50 11 10	
TIILF	OFFICERS AND DIRECTORS  P DELETE			16	ADDITIONS/CHANGES TO OFF	Change		
NAME	00000044 0001400		1.2 N/			Criange	AUGHOII	
STREET ADORESS	AVA C COLLEGE AVE			reet address				
CHTY-ST-ZIP	TALLALIACOPP PI			TY-ST-ZIP				
THE		☐ DELETE				☐ Change	☐ Addition	
NAME			22 N	ME 3M		••••		
STREET ADDRESS			2.3 ST	reet address				
CHY-ST-ZIP			2. 4 C	TY-ST-ZIP			ŀ	
TITLE			3.1 Ti			☐ Change	Addition	
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	reet address				
CITY-ST-7-P			3.4. C	TY - ST - ZIP				
TITLE		☐ DELETE	4.1 TH	LE		☐ Change	Addition	
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 ST	REET ADDRESS				
CITY-ST-2IP			4.4 CI	IY-ST-ZIP				
TITLE		DELETE	5.1 TIT	LE		☐ Change	Addition	
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET ADDRESS				
CHY-ST-20P			***************************************	TY-ST-ZIP		·· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	6.1 TIT	LE		Change	Addition	

6.2 NAME

6.3 STREET ADDRESS

o supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 poration or the receiver or tryplee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.4 City-St-ZiP