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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000013943

1. Corporation Name

CREATIVE IMPACT INC.

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90014 049 \*\*\*150.00

Principal Place	of Business	Mailing Address					
722 NEW LAKE	DRIVE	722 NEW LAKE DRIVE					
BOYNTON BEACH FL 33426 . BOYNTON BEACH FL 33426				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed	115 SPACE		
				02/17/1995			
				4. FEI Number		olied For	
	ace of Business	2a. Mailing Address	7 Terrace		<u> </u>	Applicable	
21 15 / 10	SWY Terrace	26 13/10 SW C	1 1011ac	2 0370391320	\$8.75 A		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Re		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
231 BOC	au Katon, FL	28 Pora Ka	tan Fl	Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	<b>\</b>	
<b>24</b> 33'	486 25 11SA	29 33480 30	USA	Personal Property Tax.	Yes	No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WELZ, MARIANNE				81 Name Welz Marianne			
722 NEW LAKE DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)			
DOVERON DEACH EL 20400				376 SW 9 1817	<u>ace</u>	_	
DO1	ATON BEACHTE 03420		83				
			84 City		. 85 Zip C	ode ,	
					L 33	486	
Affice or n	odictored agent or both in the State of	f Florida. Such change was autho	irized by the comora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its pointment as rec	registered gistered	
agent. I a:	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes.	2-00	7.00		
SIGNATURE	granance	Welly (SI)	istered Agent signature requ	ired when rejustating) DATE	5-47		
40	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
12.	P	DELETE	1.1 TITLE	President	Change	Addition	
NAME	WELZ, MARIANNE		1.2 NAME	Welz, Marianne	A -		
<b>,</b>	722 NEW LAKE DRIVE		1.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	00		
STREET ADDRESS	BOYNTON BEACH FL 33426		1.4 CITY-ST-ZIP	1376 SW 9 Terra	33486		
CITY-ST-ZIP TITLE	BOTHTON BEACHT E 30420	☐ DELETE	2.1 TITLE	Date Igation, 10	☐ Change	Addition	
NAME	_	<u> </u>	2.2 NAME		.— •		
STREET ADDRESS			2.3 STREET ADDRESS				
	المناسبة المستحد والمراد الماسا	and the same of th	2.4 CITY-ST-ZIP	* * *			
CÎTY-ST-ZIP TITLE			3.1 TITLE		Change	Addition	
]	•	<del>-</del>	3.2 NAME		_ •	_	
NAME			3.3 STREET ADDRESS	·			
STREET ADDRESS	l r						
CITY-ST-ZIP	•	•	3.4. CITY-ST-ZIP				

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all other like empowered.

4.1 TITLE

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

ΠΙLΕ

NAME

DELETE

DELETE

DELETE

☐ Change

☐ Change

☐ Change

☐ Addition

☐ Addition

☐ Addition