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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P95000019717 (4)

CREATIVE ONLINE, INC.



| Principal Place of Business Mailing Address C/O 2730 CENTRAL AVENUE C/O 2730 CENTRA | | | . AVENUE | | The second secon | | |
|-------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------|-----------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|
| ST. PETER | RSBURG FL 33712 | ST. PETERSBURG F | | | | | |
| | | | | | 3. Date Incorporated or Qualified 03/09/1995 | 3a. Date of | Last Report |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | • • • • • • • • • • • • • • • • • • • • | 4. FEI Number 59-334-758 | ·) | Applied For |
| | | | Suite, Apt. #, etc. | | σ 1-33 φ-109 | | Not Applicable |
| 22 | | 27 | | | 5. Certificate of Status Desired | | 8.75 Additional Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing | | \$5.00 May Be |
| 23 Zip | Country | | 28 | | Trust Fund Contribution Added to Fees | | |
| 24 | 25 | Zip 29 | Country 30 | y | This corporation has liability for Florida Statutes | | nders 199.032, |
| | 9. Name and Address of Curre | | 1301 | | Florida Statutes Yes 10. Name and Address of New R | | ant . |
| ***** | A. | | B1 | Name | | ogistoles Age | |
| KNAUST, WARREN J | | | | Street Add | Iress (P.O. Box Number is Not Acceptab | la) | |
| | CENTRAL AVENUE | | 82 | Sireel Add | iress (F.O. Box Number is Not Acceptab | ю | |
| 31. FE | TERSBURG FL 33712 | | 83 | | | | |
| | | | 84 | City | | 8 | 5 Zip Code |
| 11. Pursuant to | o the provisions of Sections 607/05/ | 32 and 607 1509 Florida Ctat 4 | an Aba ala | <u> </u> | | | |
| or registere | ed agent or both in the State of Elo | rida Such change was authorize | es, trie above⊹ ed by the corp | named corpo oration's boa | ration submits this statement for the pur ard of directors. I hereby accept the appo | pose of changir | ng its registered office |
| larrillar Will | n, and accept the onligations of Se | tion 1000000505, Florida Statutes | | | ration submits this statement for the pur ord of directors. I hereby accept the appx | micronic do regi | Stored agent. Fam |
| SIGNATURE | | | TE: Registered Age | | | | |
| 12. | OFFICERS A | NO DIRECTORS | 13. | it signature require | ADDITIONS/CHANGES TO OFFI | DATE CEDS AND DIE | DECTODO IN 10 |
| TITLE | D | ☐ DELETE | 1. 1 TITLE | · | TISSITIONO OF ANGLES TO GET | CENS AND DIF | |
| NAME | ILGEN, JOHN | | 1.2 NAME | | | | range [] Addition |
| STREET ADDRESS | 5813 IMPERIAL KEY | | 1.3 STREET | ADDRESS | | | |
| CITY - ST - ZIP | TAMPA FL 33615 | | 1.4 CITY - 5 | i | | | |
| TITLE | | ☐ DELETE | 2. 1 TITLE | | | □ Ci | nange [] Addition |
| NAME | | | 22 NAME | | | L | |
| STREET ADDRESS | | | 2.3 STREET | ADDRESS | | | |
| City-St-ZIP | | | 2.4 CITY - S | T-ZIP | | | İ |
| THILE | | ☐ DELETE | 3. 1 TITLE | | | Cr | nange |
| NAME | | | 3.2 NAME | ĺ | | | |
| STREET ADDRESS | | | 3 3. STREET | ADDRESS | | , | |
| CHY-ST-ZIP | | | 3.4 CiTY - S | T-ZIP | | | |
| | | ☐ DELETE | 4, 1 TITLE | ŀ | | ☐ Ch | ange Addition |
| NAME Career Approach | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CITY-S | T-ZIP | 111 | | |
| NAME | | [] negele | 5 1 TITLE | | | Ch | ange 🔲 Addition |
| STREET ADDRESS | | | 5.2 NAME | | | | i |
| CITY-ST-ZIP | | | 5 3 STREET | | | | |
| TITLE | | [] DELETE | 5.4 CITY-ST | r-ZIP | | | |
| NAME | | | 6 1 TITLE | | | ☐ Ch | ange 🔲 Addition |
| STREET ADDRESS | | | 62 NAME | | | | 1 |
| CITY-ST-ZIP | | | 6.3 STREET | ř | | | |
| | certify that the information supplied | with this filing is voluntarily furnis | 6.4 City-St | -ZIP | or the exemption stated in Section 110.0 | 740/41 5 | |

receitly that the information supplied with this tiling 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 cath; that I am an officer or director of the corporation of 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, of on an attachment with an address.

SIGNATURE: _

NAME OF SIGNING OFFICER OR DIRECTOR

25 Apr. 194 818-4455