PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000043858**1. Corporation Name

BRAD'S CREATIVE IMAGES, INC.

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90061 020 ***150.00



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Principal Place of Business Mailing Address						
238 SOUTHWEST MOSELLE AVE.						
POR STAD S CREATI			E.IMAGES INC.	DO NOT WRITE IN THIS SPACE		
Port St. Lucie Fl 34953 2678 Monterrey Port St. Lucie Fl 34			ffëvin	3. Date Incorporated or Qualifed 06/07/1995		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For		pplied For
		26 BRAD'S CREATIVE IMAGES INC		65-0587981 Not Applicat		ot Applicable
PRIMADS:CREATIVE MACES INC		Suite, Apt. #, 2678 Monterrey Ln		_ \$8.75 Additional		Additional
20/8 Monterrey Ln		Port St. Lucie Fl 34953		5. Certifcate of Status Desired	Fee R	equired
City & State St. Lucle F1 34953		City & State		6. Election Campaign Financing \$5.00 May Be		
23 28				Trust Fund Contribution		to Fees
Zip Country Zip			Country	8. This corporation owes the current year Intang	aible	
24	25	29 30	_	· · · · · · · · · · · · · · · · · · ·	Yes	Mo
24	9. Name and Address of Current			10. Name and Address of New Registered Ag	ent	/
81 Name						
BARR, BRAD						
238	SW MOSELLE AVE 2678	INOU LELLEY LN	82 Street Ad	dress (P.O. Box Number is Not Acceptable)	Mark	iley LU
PT S	ST LUCIE FL 34984 PA ST	Lucio I/	83	2010	/ W/ K	
1						
		34953	84 City	St Lucie FL	85 Zip	Code (953
14 Dunnant to the provisions of Sections 507 0502 and 507 4509 Charles the charge annual conception submits this statement for the purpose of changing its registered						
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered						
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature typing or printed with of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE						
12.	Signature, typed or printed partie of registered agent a OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change	Addition
	BARR, BRADLEY O	_	12 NAME			- 1
NAME	-238-SOUTHWEST MOSELLE AVI	- I	A DOTTOTT ADDDEDD	1678 Mardon, LN		ļ
STREET ADDRESS	PORT ST. LUCIE FL 34984	``	1.3 STREET ADDRESS OF	1678 Morderny LN Af St Luce 71 34953		}
CITY-ST-ZIP			2.1 TITLE	Trust Esale Trust	Change	[Addition
TITLE	STD DEBODALLA	DECETE	1	L	0	
NAME	BARR, DEBORAH A	<u>. </u>	2.2 NAME	2678 Monderrey Lu		1
STREET ADDRESS	230 SOUTHWEST MOSELLE AV	^{E.}	2.3 STREET ADDRESS	2678 MONTENEY CD		
CITY-ST-ZIP	PORT ST. LUCIE FL 34984			4 St Lucie 74 34953	70	□ # ddision
TITLE		☐ DELETE	3.1 TITLE	L	_ Change	Addition
NAME .			3.2 NAME			' 1
STREET ADDRESS			3.3 STREET ADDRESS			ļ
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	<u> </u>	_ Change	☐ Addition
NAME	f .		4. 2 NAME			· 1
STREET ADDRESS	·		4.3 STREET ADDRESS			1
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5.3 STREET ADDRESS			ļ
1			5.4 CITY-ST-ZIP	•		}
CITY-ST-ZIP		DELETE	6.1 TITLE	Γ	Change	Addition
1	The Art of the transfer of the		6.2 NAME		5	_
NAME			6.3 STREET ADDRESS	•		ſ
STREET ADORESS	TO THE STATE OF	•		•		
CITY-ST-ZIP	[#77] [1] [#7] [#7] [#7] [#7] [#7] [#7] [#7] [#7		6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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 changes, or on an attachment with an address, with all other like empowered.

-871-029