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"PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | P95000054187 | (6) |
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THE CREATIVE COMMUNICATIONS'ADVANTAGE, INC

Principal Place of Business Mailing Address 500 NE SPANISH RIVER BLVD., STE 201 500 NE SPANISH RIVER BLVD., STE 201 **BOCA RATON FL 33431 BOCA RATON FL 33431** 3. Date Incorporated or Qualified 3a. Date of Last Report 07/10/1995 NONE 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0562 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032. Country Country ↓ Yes □ No. Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) HAIGHT, CAROL B 82 370 WEST CAMINO GARDENS BLVD., STE 300 83 **BOCA RATON FL 33432** Zip Code City 85 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (14 The Floquideron Agent signal in inspired when renatable) Signature, typed or printer) name of registered agent and title dispolecable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addit un DELETE 1 3 TID 6 TiTLE LANDIS, ANITA 1.2 NAME NAME 500 NE SPANISH RIVER BLVD., STE 201 1.3 STREET LADDRESS STREET ADDRESS **BOCA RATON FL 33431** 4 CHY-ST ZIE CITY-ST-ZIP nc htbA ☐ Change DELETE 2 1 TILE TITLE 2.2 NAMÉ NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 City - ST - ZIF CITY-ST-ZIP ☐ Change Addition [ ] DELETE 3 1 1/11/16 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHTY - ST - ZIP CITY-ST-ZIP Addition Change DELFTE 4 1 T(f) E TITLE 4.2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 44 CHY - \$1 - ZP CITY-ST-ZIP Add:tipn DECEME 5 1 HH.E TITLE 5.2 NAME NAME 600001833436 5 3 STREET ADDRESS STREET ADDRESS -05/22/96--01006--007 5.4 CHY S1. 7IF CITY-ST-ZIP Addit ari \*\*\*200.00 Change DELETE 6 1 LILE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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on supplied with this filing is vocuntarily furnished and cloes not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further to not this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under not the corporate for the receiver of justice empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name

SIGNATURE: Jundo Jundo Jundo Signing OFFICER OR DIRECTOR

CITY - ST - ZIP

14. I do hereby certify that the information indo
oath; that I am an officer or d
appears in Block 12 or Block

4/26/96

407-368-5003

CR2E034 (12/95)