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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000063172 (7)

CREATETIME, INC.

Principal Place of Business Mailing Address

FILED Apr 16 1998 8:00am Secretary of State



1338 VICKERS ROAD TALLAHASSEE FL 32303			P.O. BOX 3907 TALLAHASSEE FL 32315		DO NOT WRITE IN THIS SPA	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 08/16/1995			
2 Principal D	Place of Business	2a. Mailing	ddroce		4. FEI Number	Anatical For		
2. Principal P	Tace of business	26 Mailing /	(ddiess		59-3360879	Applied For Not Applicable		
Suite, Apt.	#. etc.	Suite, Ap	it. #, etc.			8.75 Additional		
22		27			5. Certificate of Status Desired	Fee Required		
City & Stat	le	⊢ ′	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Co	untry				
24	25	29	30	unity	8. This corporation owes or has paid the current Personal Property Tax due June 30.			
9. Name and Address of Current Registered Agent				T	10. Name and Address of New Registered Age	nt		
GUERINO, JAMES R				81 Name				
1838-VICKERS-ROAD				82 Stree	et Address (P.O. Box Number is Not Assentable)			
TALLAHASSEE FL 32303				83 44	et Address (P.O. Box Number is Not Acceptable)			
					(
				84 City	FL!	5 Zip Code		
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algoriture required when reinstating) DATE								
12.		CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12		
TITLE	D		DELETE 1.1 T	ITLE		Change Addition		
NAME	PLATT, SUSAN E		1.2 A	IAME				
STREET ADDRESS	1338 VICKERS ROAD		1.3 9	TREET ADDRESS	s 4448 Wesley Drive			
CITY-ST-ZIP	TALLAHASSEE FL 33	2303	1.40	ITY-ST-ZIP	(
TITLE	D		DELETE 2.1 T	ITLE		Change		
NAME	YATES, SANDRA M		2.2 0	AME	1. 50	i		
STREET ADDRESS	1338 VICKERS ROAL		2.3 5	TREET ADDRESS	s 4440 weslex Drive			
CITY-ST-ZIP	TALLAHASSEE FL 3			CITY - ST - ZIP				
TITLE		L	DELETE 3.1 T			Change		
NAME				IAME				
STREET ADDRESS	i			TREET ADDRESS	§			
CITY-ST-ZIP		т		CITY - ST - ZIP	T1	Change Addition		
TITLE		L				Auguste T Vanitinu		
NAME	1			NAME	· ·			
STREET ADDRESS	:			TREET ADDRESS	S			
CITY-ST-ZIP	 	· · · · · · · · · · · · · · · · · · ·	DELETE 5.1 T	HTY-ST-ZIP		Change Addition		
NAME		L		IAME		J. A. Salari		
STREET ADDRESS			4.4.	iame Treet address	s			
				OTTY - ST - ZIP	~			
CITY+ST-ZIP			DELETE 6.11			Change		
NAME		_	-	IAME		<u> </u>		
STREET ADDRESS				TREET ADDRESS	<u> </u>			
CITY-ST-ZIP				HTY-ST-ZIP	~ <u> </u>			
	continue that the Information su	unalized with this filing dose			eted in Section 119 07(3)(i) Florida Statutes I further certify	that the information		

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplied enter 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 and the receipant 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 acting attachment with an address.

5.EPbH

SIGNATURE: