PLEASE READ A	ALL INSTRUCTIONS	FOR	OMPLETI	NG THIS FOR	IM.
ARTEIO, MON	DEPARTM B. N	A DF	J		
DEINO	division of corpor	STALE RATIONS			
DOCUMENT # P9500094790			F!LED		
Corporation Name			96 DEC 27 PM 3: 38		
CREATIVE DESIGNS & MARKETING INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business	ncipal Place of Business Mailing Address			, (B. (B.(B) B.(7)) G.B.(4) M.G.(1) M.B.(7) B.	4118 (8(1) 8)4((1844 (8(1) 88)) (8 <i>4</i>)
10622 WHEELHOUSE CIRCLE BOCA RATON FL 33428					
if above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable	P.O. Box 970		Date Incorporated or Qualified To Do Business in Florida 12/14/1995		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	N.FL	5. FEI Number	************	Applied For
City & State City & State		7 "*	6	0641543	Not Applicable
Zip Country	Zip Country	,		OF STATUS DESIRED	\$8,75 Additional Fee required for a Certificate of Status
Names and Street Addresses of Each Officer and/o Name of Officers		tions must list at lea eet Address of Each	st 3 directors)		
Title(s) and/or Directors	icer and/or Director se Post Office Box N	umbers)	City	/ State / Zip	
D WEISSMAN, BESS -10622-WHEELHOUSE-CIRCLE - 232 00 Camino Dec 1				BOCA RATON FL 3	3428 33733
o Hyman. Iris 1062		wheelhouse Car		Bocaka	for Fi 33428
ė,			5000020459454		
,				****200.0	00 ****200.00
,		 			
Name and Address of Current Registered Agent			Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY	Bess Weissman				
1201-HAYS-STREET	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525 Suite, Apt. #, Etc.					
Soce R					Etate Zip Code 33433
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Q 2 2 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					
Registered Agent 1262 PAGENT MUST SIGN Date 12/9/96					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No					
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for In chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: 12/9/96 56/)487-5684					

SIGNATURE: SIGNATURE SIGNATURE SIGNATURE



Creative Designs & Marketing Inc. P.O. Box 970115 Boca Raton, Fl 33497

Florida Dept. of State Division of Corporations Annual Reports/Reinstatement Section P.O Box Box 6327 Tallahassee, Fl 32314-6327

To Whom It May Concern:

11/21/96

In response to Document # P95000094790, we are sending in total payment of \$200.00. As discussed with your office, this is the only document that we received pertaining to corporate filing. If there are any questions, please contact me, Iris Hyman, Secy. My phone # is 561-487-5684.

Thank You,

Iris Hyman, Secy.