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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600007445

Country

CORPORATE CREATIONS ENTERPRISES, INC.

4521 PGA BLVD. STE 211 PALM BEACH GARDENS FL 33418

9. Name and Address of Current Registered Agent

RICHARD L. MORRIS, JR., P.A.

Principal Place of Business 1000 WEST AVENUE SUITE 512 MIAMI BEACH FL 33139

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address 1000 WEST AVENUE SUITE 512

MIAMI BEACH FL 33139

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

29

Zip

FILED Feb 23, 1999 8:00 am **Secretary of State**

02-23-1999 90111 007 ***150.00



	DO NOT WRITE IN T	HIS SPA	ACE		
3.	Date Incorporated or Qualifed 01/24/1996				
4.	FEI Number		Applied For		
	65-0634781		Not Applicable		
5.	Certificate of Status Desired	\$	\$8.75 Additional Fee Required		
6.	Election Campaign Financing		\$5.00 May Be		

☐ Yes

10. Name and Address of New Registered Agent 82

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Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible

11. Pursuant to the provisions of Sections 607.0502 and 607.508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, if 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 tamiliar with and accept the biligations of, Section 607.0505, Florida Statutes. MCHARD MORRIS JR

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Country

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO		
TITLE	D DELE	TE 1.1 TITLE		Change	☐ Addition
NAME	MORRIS, RICHARD L JR.	1.2 NAME		400	1
STREET ADDRESS	C/O 1200 DREXEL AVENUE STE 101	1.3 STREET ADDRESS	1000 MEST HAE	#512	·aG
CITY-ST-ZIP	MIAMILBEACHTFE 88139	1,4 CITY-ST-ZIP	1000 WEST ANE	4 PC 33	137_
TITLE	☐ DELE	TE 2.1 TITLE		Change	Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS		***	Ì
CITY-ST-ZIP		2. 4 CITY-ST-ZIP			
TITLE	DELE	TE 3.1 TITLE		Change	Addition
NAME		3.2 NAME		e - '	`
STREET ADDRESS		3.3 STREET ADDRESS	5		İ
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	DELE	TE 4.1 TITLE		Change	☐ Addition
NAME		4. 2 NAME		:	
STREET ADDRESS		4.3 STREET ADDRESS	s .		
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELE	TE 5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			•
CITY-ST-ZIP		5.4 CITY-ST-ZIP			

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 changed; or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ Change

Addition