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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600007659 (1)

CREATIVE WEBS, INC.

Principal Place of Business

Mailing Address

APPROVED AND FILED

1997 JUL - 1 PH 12: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA



802 CLINT MOORE RD SUITE 146 BOCA RATON FL 33487			902 CLINT MOORE RD SUITE 146 BOCA RATON FL 33487-2846					
						3. Date Incorporated or Qualified 01/22/1996	3a. Date of Last Report	
	lace of Business		2a. Mailing Address			4. FEI Number 642670	Applied For	
21 Suite, Apt. #, etc.		26 Suita Ant #				67-007	Not Applicab	
Suite, Apr. #, etc.		├ ── ` ` `	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip		Country		8. This corporation has liability for it	ntangible tax under s. 199.032,	
24	25	29	[8	30			Yes No	
	9. Name and Address of Cur	rent Registered Agent			r	10. Name and Address of New Reg	pistered Agent	
	RN, ALLEN D			81	Name			
	CLINT MOORE RD SUITE 146	В	82		Street Add	Street Address (P.O. Box Number is Not Acceptable)		
BOO	CA RATON FL 33487							
_				83				
•				84	City		FL 85 Zip Code	
11. Pursuant effice or r agent. La	to the provisions of Sections 607.0 registered agent, or both, in the St im familiar with, and accept the ob	0502 and 607.1508, Flor ate of Florida, Such cha oligations of, Section 607	da Statutes nge was au .0505, Flor	s, the above thorized by ida Statute	e-named cor the corpora	rporation submits this statement for the partion's board of directors. I hereby accept	urpose of changing its registere at the appointment as registered	
SIGNATURE								
	Signature, typed or printed name of registered		(NOTE:		ent signature requ	uired when reinstaling)	DATE	
12.	OFFICERS A	AND DIRECTORS	ELETE	13. 1.1 316 E	- 10	ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME		۰		1.2 NAME	17	RESIDENT ONATHAN EVELHELT	E Grienigo Addinio	
STREET ADDRESS				1.3 STREET	م ا	an arrand DOOD		
CITY-ST-ZIP				1.4 C(1Y - S	1 700	ANBORNTON, NH 032	69	
TITLE			ELETE	2.1 TITLE	رح ا	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Addition	
NAME				2.2 NAME			— v —	
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-ST-ZIP				2. 4 CITY-	ST - ZIP			
TATLE			ELETE	3.1 TITLE			Change Addition	
NAME				3.2 NAME				
STREET ADDRESS	:			3.3 STREET	ADDRESS			
CITY-ST-ZIP				3 4. CITY-	ST - ZIP			
TITLE			ELETE	4.1 TITLE		error arms arms arms arms arms arms	2331145 - Addition	
NAME				4. 2 NAME		50000	47nin70n23	
STREET ADDRESS				4.3 STREET	ADDRESS	****16	5.00 ****165.00	
City-St-ZiP				4.4 C/TY-S	IT - ZIP	4147414.\$ Q.		
TITLE			ELETE	5 1 TITLE			Change Addition	
NAME				5 2 NAME				
STREET ADDRESS				5.3 STREET				
CITY - ST - ZIP			ti ETÉ	5.4 C/TY-5	ST-ZIP		The American	
TITLE		ЦĽ	ELETÉ	61 TITLE			☐ Change ☐ Addilio	
NAME				62 NAME			1 19/2/47	
STREET ADDRESS				63 STREET	1		27/11	
CITY - ST - ZIP	1			64 CITY - 9	T-7(P 1		11	

14. I do 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.