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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600008464 (5)

CLEMONS CREATIVE SERVICES, INC.

FILED May 16 1997 8:00am Secretary of State



Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Status Desired \$8.75 Additional Fee Required										
TAMPA FL 39803 TAMPA FL 39803-2101 2. Principal Piace of Business 2. Maining Address 2. Principal Piace of Business 2. Principal Piace of Business 2. Principal Piace of Business 2. Sale, Apt. 4, etc. 2. Sale, Apt. 4, etc. 3. Certificate of Status Desired 4. Et Number 5. Certificate of Status Desired 5. Certificate of Status Des	Principal Place of Business Mailing Address					T THE STATE OF THE PROPERTY OF	1 84 88 18	AIRIN EIII	1 9191 1881	
2. Principal Place of Business 2a. Maining Andress 3a. Maining										
Suffice, April 47, ofc. 20							3a. Date o	I Last F	leporl	
Sulful, Apt 4, etc. Solido, Apt 4, etc.	2. Principal Pl	ace of Business	2a. Mailing Address							
City & State Crity & State	21		···							
20	22		27			I & Continuate of Status Desired I I				
Provide Statutes	23		28		, , , , , , , , , , , , , , , , , , ,					
10. Name and Address of Now Registered Agent		⊢ η ΄	1	· —						1
CLEMONS, ALLYN S 5115 N BRANCH ARENUE TAMPA FL 33603 83 84 City FL 85 Zip Codo 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos, the address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos, the address of P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos, the address of P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos, the address of P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos, the address of P.O. Box Number is Not Acceptable) 12. OF International Provisions of Sections 607 0502 and 607 1508, Florida Statutos, the address of P.O. Box Number is Not Acceptable) 12. OF International Provisions of Provisions of Sections 607 0502 and 607 1508, Florida Statutos, the address of P.O. Box Number is Not Acceptable) 12. OF International Provisions of Sections 607 0502 and 607 1508, Florida Statutos, the corporation submits its statement for the pursue dependent in sergistered degent, or both, in the State of Florida Statutos, the corporation's board of directors. I hereby accept the appointment as registered degent, and accept the appointment as registered degent appointment and accept the appointment as registered degent appointment as registered degent appointment as registered degent appointment as registered degent appoin	24			30						4
STITE TO PERSONAL ALTYN S STREET ADDRESS STREET ADD			t Hegistered Agent		1 Nemo	10. Name and Address of New He	gistered Agei	11		-
TAMPA FL 33603 B3				1°	Name					
11. Pursuent 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 agont, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agont, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agont, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agont, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agont, or both in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agont, or both in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agont, or both in the State of Florida Statutes, the corporation's board of directors. I hereby accept the approach agont and statutes, the corporation's board of directors. I hereby accept the approach agont agont and interest in the corporation's board of directors. I hereby accept the approach agont agon				8	2 Street Add	ress (P.O. Box Number is Not Acceptable)				
THE DESIGNATION BRANCH AVENUE 12 PAME 115 IN BRANCH AVENUE 2 STREET ADDRESS TAMPA FL 33803 12 FLEET ADDRESS TAMPA FL 33803 12 FLEET ADDRESS 13 SIREET ADDRESS 13 SIREET ADDRESS 13 SIREET ADDRESS 15 FLEET ADDRESS	1730	II A I E 00000		8	3					1
11. Presument to the provisions of Socions 607 0502 and 607 1508, Florida Statutos III en above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Socion 607 0505, Florida Statutes. SIGNATURE Social Control of the president agent and since if amplicative. ROTH Proposed Agent experience required effort required effort required agent and since if amplicative. ROTH Proposed Agent experience required effort remaining. DATE 12.				8	4 City		E 8	Zip	Code	-
office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and analyzer and accept the obligations of Scotion 607 605, Florida Statutes Signature	44 Purcuent	to the provisions of Sections 607.050	2 and 607 1509 Florida Statute	ac the abo	ue pared ear	position submits this statement for the r		L paina i	to registered	4
12.	office or re	egistered agent, or both, in the State	of Florida, Such change was a	uthorized	by the corpora	tion's board of directors. I hereby accep	ot the appointr	nent as	registered	
TITLE	SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable (NOTE	Registered #	lgoni signāture requi	ired whon reinstating)	DATE			
TILE	12.	OFFICERS AND DIRECTORS		13,		ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	ECTOF	RS IN 12	18
STREET ADDRESS	TITLE	D	DELETE	1,1 11711				Change	Addition	ő
TAMPA FL 33603	NAME	CLEMONS, ALLYN S		1.2 NAME						2
TITLE	STREET ADDRESS		1.3\$		ET ADDRESS					Ì
NAME CLEMONS, GIRARD L III	CITY-ST-ZIP		1.4		- \$1- ZIP					၂ရိ
STREET ADDRESS STAMPA FL 33803 2 4 CHY-SI-ZIP	TITLE	-		2.1 \$11LE				Change	Addition	10
City-St-ZiP	NAME			22 NAM	E					-
DELETE DELETE 3.1 fill.E Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 (CITY-ST-ZIP TITLE DELETE 4.1 fill.E Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 (CITY-ST-ZIP TITLE DELETE 5.1 fill.E Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 (CITY-ST-ZIP TITLE DELETE 5.1 fill.E Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 (CITY-ST-ZIP TITLE DELETE 6.1 fill.E Change Addition NAME G.2 NAME STREET ADDRESS G.3 STREET ADDRESS STREET ADDRESS G.3 ST	STREET ADDRESS			23 BTRE	ET ADDRESS					
NAME	CITY-ST-ZIP	TAMPA FL 33603		2. 4 _, CiTY	(-ST-ZIP					
33 \$TREET ADDRESS 34 .CITY - ST - ZIP	TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition	
STREET ADDRESS S S S S S S S S S	NAME			3.2 NAM	Ε					l
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.2 NAME TITLE CHY-ST-ZIP 4.4 CHY-ST-ZIP Change Addition NAME 5.2 NAME Change Addition STREET ADDRESS 5.3 \$TREET ADDRESS CHY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME Change Addition STREET ADDRESS 6.3 \$TREET ADDRESS Change Addition	STREET ADDRESS			3.3 \$TRE	FT ADDRESS					
A 2 NAME	CITY-ST-ZIP			3 4. ICITY	'-ST-ZIP					
STREET ADDRESS 4.5 \$\frac{11}{2} \rm \frac{1}{2} \rm \frac	TITLE .		☐ DELETE	4.1 TO LE				Change	Addition	-
CITY-ST-ZIP	NAME			4. 2 NAN	NF.					
TITLE DELETE 5.1 TILE Change Addition NAME 5.2 NAME <th>STREET ADDRESS</th> <th></th> <th></th> <th>4.3 \$1KE</th> <th>E1 ADDRESS</th> <th></th> <th></th> <th></th> <th></th> <th></th>	STREET ADDRESS			4.3 \$1KE	E1 ADDRESS					
NAME 52 NAME STREET ADDRESS 53 \$1REFT ADDRESS DITY-S1-ZIP 5.4 QITY-S1-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 \$TREET ADDRESS 6.3 \$TREET ADDRESS	CITY-ST-ZIP			4.4 ¢(1)	· ST- ZIP	· · · · · · · · · · · · · · · · · · ·				
STREET ADDRESS 5 3 \$1REFT ADDRESS CITY-S1-ZIP 5 4 QITY-S1-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 \$TREET ADDRESS 6.3 \$TREET ADDRESS	TITLE		☐ DELETE	5.1 71110				Change	Addition	
DELETE	NAME			52 NAM	E					
TITLE DELÉTÉ 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 ŜTREET ADDRESS	STREET ADDRESS			5 3 \$1RE	ET ADDRESS					
NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS	DITY-ST-ZIP			5.4 CITY	- ST - ZIP					
STREET ADDRESS 6.3 STREET ADDRESS	TITLE		DELETE	6.1 TITLE				Change	Addition	1
	NAME			6.2 NAM	E					
CITY-SI-ZIP 64 ÇITY-SI-ZIP	STREET ADDRESS			6.3 STRE	ET ADDRESS					
	CITY-SY-ZIP			6.4 CITY	- S1 - ZIP					1

I do hereby certify that the information supplied with this filling 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 employed 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.