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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

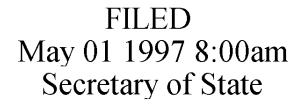
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000019729 (8)

CREATIVE SOLUTIONS INTERACTIVE, INC.

Principal Place of Business

Mailing Address





4230 SOUTH MACDILL AVE., SUITE E TAMPA FL 33611		4230 SOUTH MACDILL AVE., SUITE E TAMPA FL 33611-1901			4			
					3. Date Incorporated or Qualified 03/01/1996	3a. Date of Last f	Report	
2. Principal P	lace of Businoss	2a, Mailing Address	2a. Mailing Address		4. FEI Number	A	pplied For	
21		26		59-337320	7 H	ot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			¢g 75	Additional		
City & State		City & State	City & State		5. Certificate of Status Desired	Fee P	Fee Required	
	•				6. Election Campaign Financing		May Be	
Zip	Country	[28]	Zip Country		Trust Fund Contribution Added to Fees			
— ·	······································	F-n '	r m		B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25 29 30 9, Name and Address of Current Registered Agent		30	Florida Statutes LJ Yes J No 10. Name and Address of New Registered Agent				
4401		iii nadistelen wheiii		1 Name	10, Name and Address of New Ne	gistered Agent		
MILLER, RAYMOND B				Name				
) SOUTH MACDILL AVE., SUITE PA FL 33611	E	82 Street		ddress (P.O. Box Number is Not Acceptable)			
(r ww	17 16 00011		8	3		·		
			8	4 City		FL 85 Zip	Code	
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statu of Florida, Such change was	tes, the abo authorized I	ve-named co by the corpor	rporation submits this statement for the pation's board of directors. I hereby accep		its registered registered	
SIGNATURE	im familiar with, and accept the oblig Signature, typed or printed name of registered ag				juited when reins(ating)	DATE		
12.		ID DIRECTORS	18.	geni signature req	ADDITIONS/CHANGES TO OFFIC		20 IN 12	
TITLE	D OFFICE NO ANY	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change	Addition	
	MILLER, RAYMOND B	Dice.					E Addition	
NAME	OFOR DALLANDA AND		1.2 NAMI					
STREET ADDRESS	T41404 F1 00000			ET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33629		1.4 CHTY					
TITLE	D DELETE		21 11111			☐ Change	☐ Addition	
NAME	FYVOLENT, ARTHUR S		2.2 NAME					
STREET ADDRESS	4610 S ESPERANZA AVE.		2.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33611		2 4 GH Y	- S1 - ZIP				
TITLE	DELETE		3 1 11111			☐ Change	☐ Addition	
NAME			3.2 NAM	-				
STREET ADDRESS			3 3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	- S1 · Z(P				
TITLE			4 1 THLE			☐ Change	Addition	
NAME			4 2 NAM	F				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP								
TITLE		DELETE	4.4 CITY			Change	Addition	
		F1 bereit				En oughle	L.J / Idoltion	
NAME ATREET ARRESTOR			5.2 NAMI					
STREET ADDRESS				FT ADDRESS				
CITY-ST-ZIP	* *	T access	5.4 CITY			——————————————————————————————————————		
TITLE		☐ DELFTE	6.1 TITLE			Change	Addition	
NAME			6.2 NAMI					
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	- ST - 7IP				
44	and the same of th	1 20 40 1 20 1			- 4 to 0 - 4 - 4 40 07/01/0 Fto 1 to 0: 1 to	1.4 11 114 41		

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the durporation or the recover 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 charged, or only an address