


**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90035 024 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000024837**

1. Corporation Name

**RICK C. SAND CREATIVE SERVICES, INC.**

Principal Place of Business

 4780 N CITATION DR  
 #205  
 DELRAY BCH FL 33445  
 US

Mailing Address

 PO BOX 6385  
 DELRAY BCH FL 33484  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1996

4. FEI Number

37-8620268

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1351 PERIWINKLE

Suite, Apt. #, etc.

22 WELLINGTON FL 33414

City &amp; State

23 Zip

Country

24 USA

2a. Mailing Address

26 P.O. BOX 210804

Suite, Apt. #, etc.

27 City &amp; State

28 ROYAL PALM BEACH, FL

Zip

Country

29 33421 30 USA

9. Name and Address of Current Registered Agent

 STRAWN, JOEL T  
 54 N.E. FOURTH AVE.  
 DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name

RICK C. SAND

82 Street Address (P.O. Box Number is Not Acceptable)

1351 PERIWINKLE

83

WELLINGTON

84 City

FL

85 Zip Code

33414

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in 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 familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

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

TITLE ☐ DELETE
 NAME SAND, RICK C  
 STREET ADDRESS 1610 N.W. 22ND AVE.  
 CITY-ST-ZIP DELRAY BEACH FL 33445
TITLE ☐ DELETE
 NAME SAND, KEVIN M  
 STREET ADDRESS 3832 S POINTE DR  
 CITY-ST-ZIP ORLANDO FL 32822
TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE RICK C. SAND

4/22/99

561.333.8737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (1/1/98)