PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P96000024837
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AICK C	SAND CREATIVE SERVICE	S, INC.				
Principal Plac	e of Business	Mailing Address		- I IBBN 1004 NO 107 IB ONIT CONT OPHY 6414 A	BENG HIGH GIRSH HOLOG	11811 1 98 1 1 98 1
780 N CITATIC 1205	ON DR (PO BOX 6385 DELRAY BCH FL 33484				
ELRAY BCH F	FL 33445	us ,		DO NOT WRITE IN T	HIS SPACE	
3				3. Date Incorporated or Qualifed 03/20/1996		
Principal P	Tace of Business	Za. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Apr	plied For
•	PERIWINKLE	26 P.O. BOX 21	0804	37-8620268	1-1	Applicable
	#, etc.	Suite, Apt. #, etc.			, \$8.75 A	dditional
	NGTON FL 33414	27		5. Certificate of Status Desired	Fee Re	
City & State		City & State 28 ROYAL PAUL BE	ACIL EI:	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
	Country	28 KOYAL TAUA DO	Country			0 1 603
Zip			TÜŚA	 This corporation owes the current year Personal Property Tax. 	☐Yes	□No_
	9. Name and Address of Currer			10. Name and Address of New Register	red Agent	
CTD.	AWN, JOEL T		1 1	RICK C. SANO		
_	LE. FOURTH AVE.		82 Street Add	ress (P.O. Box Number is Not Acceptable) 1351 PERI WINKLE		
DELRAY BEACH FL 33483			83			· ·
	-	_	3 1	WELLINGTON	- 1 - 1 - 1	
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	of the provisions, it Sections 407.050 egistered agent or both, in the Style military was a predoceptific usige		s, the above-named corporate thorized by the corporate da Statutes.	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its oppointment as reg	registered pistered
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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 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 (3 If changed, or on a statute with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SUBMITTED OF PRINCED NAME OF BUSINGS OFFICER OF DIRECTOR

561.333.8737

FILED

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90035 024 ***150.00