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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000032146

1. Corporation Name

CREATIVE STATION, INC.

Principal	Place	of	Business
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90039 013 ***150.00



							─\	HI BRIII BRIBB (VIII IIII IIII	
Principal Place	of Business	Ma	ailing Address							
9740 NW 51ST			O NW 51ST LANE							
MIAMI FL 33178			MIAMI FL 33178			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed			
							04/12/1996			
2 Principal Di	ace of Business	20	Mailing Address				4. FEI Number			Applied For
Z, Filincipai Fi	ace of pusifiess	26					65-0670786			Not Applicable
21 Suito Ant	# etc	20]	Suite, Apt. #, etc.							Additional
Suite, Apt.	r, etc.	27	Guite, Apr. W. Go.	منصحم	-		= 5. Certificate of Status Desired			Required
City & State		2/	City & State				6. Election Campaign Financing		\$5.00	May Be
City & State		20	28			Trust Fund Contribution		Added to Fees		
Zip	Country	20	Zip	Col	intry		8. This corporation owes the curr	ent vear inta		
—	_ ′		Pr	30	,		Personal Property Tax.	ont your	Yes	™ No
24	9. Name and Address of Cur	29	tored Agent	30	Τ.		10. Name and Address of New I	Registered A	Agent	
	y, Name and Address of Cur	I GILL LANGES	ireiad vilaitt		81	Name	10,	•		·
ROTI	JNDO, IVAN L				Ш					
	NW 51ST LANE				82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
	II FL 33178				83					
IAITAIN.	HIL OUTTO				63					
					84	City		FL	85 Zir	Code
							oration submits this statement for the			to rogint
office or r	egistered agent, or both, in the Stam familiar with, and accept the ob	ate of Floric	da. Such change was a	utnonze	a by i	the corporatio	on's board of directors. I hereby acce	ot the appoir	ıtment as ı	registered
SIGNATURE	Signature, typed or printed name of registered	agent and title	if applicable. (NOTE	E: Registere	d Agen	it signature required	d when reinstating)	DATE		
12.	OFFICERS			13.	4		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	FORS IN 12
TITLE	D		☐ DELETE	1.1 T	ITLE				☐ Change	
NAME	ROTUNDO, IVAN L			1.2 N	AME					
STREET ADDRESS	9740 NW 51ST LANE					ADDRESS				
	MIAMI FL 33178				ITY-SI	!				
CITY-ST-ZIP TITLE	D D		☐ DELETE	2.1 T					Change	e Addition
	_		<u> </u>	2.2 N		1				
NAME	ROTUNDO, SYLVIA E					r annoese				
STREET ADDRESS	9740 NW 51ST LANE					TADDRESS				
CITY'ST ZIP	-MIAMI-FL-33178	<u></u>	O DELETE	_		T-ZIP			Change	e Addition
TITLE			☐ DELETÉ	3.1 T					Snarge	
NAME				3.2 N			-			
STREET ADDRESS	•			3.3 S	TREET	T ADDRESS				
CITY-ST-ZIP			——————————————————————————————————————		CΠY-S	T-ZIP			[] Che	a
TITLE			☐ DELETE	4.1 T	ITLE				Change	e
NAME				4.21	NAME					
STREET ADDRESS				4.3 S	TREET	T ADDRESS				
CITY-ST-ZIP				4.4 C	TY-S	T- ZIP				
TITLE			☐ DELETE	5.1 T	TLE				☐ Change	e
NAME				5.2 N	AME	}				
STREET ADDRESS				5.3 S	TREET	TADORESS				
CITY-ST-ZIP				5.4 0	ITY-ST	T-ZIP				
TITLE			☐ DELETE	6.1 T	ITLE	 			☐ Change	e Addition
			—	6.2 N	AME					
NAME				•		TADDRESS				
STREET ADDRESS				1		1				
CITY-ST-ZIP				6.4 C	ITY-S	1-41				

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 attainment with an address, with all other like empowered.

SIGNATURE: