

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

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Mar 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000043855 (1)

1. Corporation Name
CREATIVE FINANCIAL SOLUTIONS, INC.

Principal Place of Business
6161 BLUE LAGOON DR
MIAMI FL 33126

Mailing Address
6161 BLUE LAGOON DR
MIAMI FL 33126-2057



3. Date Incorporated or Qualified 05/16/1996	3a. Date of Last Report
4. FEI Number 65-068-2203	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent KASS, MORTIMER H 9000 SW 87 COURT STE 103 MIAMI FL 33176	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

11. Pursuant 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David A. Marley, Sr.	1.2 NAME	
STREET ADDRESS	6161 Blue Lagoon Drive #300	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fla. 33126	1.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David A. Marley, Jr.	2.2 NAME	
STREET ADDRESS	6161 Blue Lagoon Drive #300	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fla. 33126	2.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence D. Schuffman	3.2 NAME	
STREET ADDRESS	6161 Blue Lagoon Drive #300	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fla. 33126	3.4 CITY-ST-ZIP	
TITLE	Paul S. Soule' <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chairman of Board	4.2 NAME	
STREET ADDRESS	6161 Blue Lagoon Drive #300	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fla. 33126	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 from an attachment with an address.

SIGNATURE: 3/24/97 (305) 262-2788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)