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 # **P96000043855**

1. Corporation Name
CREATIVE FINANCIAL SOLUTIONS, INC.

Principal Place of Business	Mailing Address
2801 PONCE DE LEON BLVD #650 CORAL GABLES FL 33134	2801 PONCE DE LEON BLVD #650 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
05/16/1996

2. Principal Place of Business	21	2a. Mailing Address	26	4. FEI Number **65-0682203**	Applied For / Not Applicable
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27	5. Certifcate of Status Desired ☐	**$8.75** Additional ·Fee Required
City & State	23	City & State	28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip	Country	24	25	Zip	Country	29	30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

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	PAUl S. Soule
82	Street Address (P.O. Box Number is Not Acceptable)	9471 SW 97TH St
83		
84	City MIAMI	FL	85	Zip Code 33176

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 _____ *Paul S. Soule* 2/8/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	MARLEY, DAVID A SR		1.2 NAME		
STREET ADDRESS	2801 PONCE DE LEON BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	MARLEY, DAVID A JR		2.2 NAME		
STREET ADDRESS	2801 PONCE DE LEON BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE	☑ Change	☑ Addition
NAME	SCHUFFMAN, LAWRENCE D		3.2 NAME		
STREET ADDRESS	2801 PONCE DE LEON BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	SOULE, PAUL S		4.2 NAME		
STREET ADDRESS	2801 PONCE DE LEON BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: _____ *Paul S. Soule* 2/8/99 (305) 446-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #