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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000054969 (6)

CREATIVE FUTURES INTERNATIONAL, INC.													
Principal Plane of Business 2500 SE 7 PL. HOMESTEAD FL 33033		Mailing Address 2500 SE 7 PL. HOMESTEAD FL 33033-5253											
					3. Date Incorporated or Qualified 3a. Date of Last Report 06/28/1996								
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28			4. FEI Number 6. Certificate of Status Desired 7. Certificate of Status Desired 8. Election Campaign Financing Trust Fund Contribution 7. Applied For Not Applied For Not Applied For Sea.75 Additional Fee Required \$5.00 May Be Added to Fees								
							Ζιρ 24	Country Zip 25 29 9. Name and Address of Current Registered Agent		30 Count	^~~~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		32,
								9. Name and Address of Current	Hegistered Agent			10. Name and Address of New Registered Agent	
LEBO	EUF, WAYNE D		8	1 Name									
2500 SE 7 PL. HOMESTEAD FL 33033					dress (P.O. Box Number is Not Acceptable)								
			[8 	4 City	85 Zip Code								
			٩	4 City	FL 85 Zip Code								
SIGNATURE .	o the provisions of Sections 607,0502 gistored agent, or both, in the State of infancinar with, and accept the obligation of the obligation of the obliga	very CAR	M		poration submits this statement for the purpose of changing its regist tion's board of directors. I hereby accept the appointment as register	tered red							
12.	OFFICERS AND		13.	gork by whole reduit	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	DACHRM	DELETE	1.1 1014	-		ddition							
NAME	LEBOEUF, WAYNE D	•	1.2 NAM										
STREET ADDRESS	2500 SE 7 PL.			ET ADORESS									
CITY-S1-ZIP	HOMESTEAD FL 33033		1.4 CITY										
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NAME	LEBOEUF, JULIA A		22 NAM	E									
STREET ADDRESS	2500 SE 7 PL.		23 STRE	ET ADDRESS	•								
City - St - ZiP	HOMESTEAD FL 33033		2. 4 CiTy	(+ST-ZIP									
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NAME			3.2 NAM	`									
STREET ADURESS				ET ADDRESS									
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NAME			6 2 NAM	E									
STREET ADORESS			6.3 STR	ET ADDRESS									
CITY-ST-ZIP		<u>.</u>		-ST-ZIP									
information	i indicated on this annual report or su	ipplemental annual report is he receiver or trustee empo	s true and ac owered to ex-	curate and that	d in Section 119.07(3)(i), Florida Statutes. I further certify that the t my signature shall have the same legal effect as if made under oath rt as required by Chapter 607, Florida Statutes; and that my name	h; thai							

SIGNATURE:

Wayne D. Laboury

DA Chem

1-26-97 3053,50054

FILED

Feb 04 1997 8:00am

Secretary of State