

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000063377 (1)
1. Corporation Name
INTERNATIONAL CREATIVE SOLUTIONS, INC.

Principal Place of Business

668 5TH AVENUE STE 572
NEW YORK NY 10105

Mailing Address

POST OFFICE BOX 206
NEW YORK NY 10105

2. Principal Place of Business

21 PO Box 182084
Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 182084
Suite, Apt. #, etc.

City & State

23 CASSELBERRY, FL

City & State

28 CASSELBERRY, FL

Zip

24 32718

Country

25 SEMINOLE

Zip

29 32718

Country

30 SEMINOLE

9. Name and Address of Current Registered Agent

MCAIR, CRAIG D
1260 SO US HIGHWAY 47-22
STE-250
LONGWOOD FL 32750

3. Date Incorporated or Qualified

07/26/1996

3a. Date of Last Report

4. FEI Number

APPLIED FOR

☒ Applied for
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
Maureen Kelsey
262 Lanon Lily Ct.
Altamonte Springs, Fl 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer
Maureen Kelsey
262 Lanon Lily Ct.
Altamonte Springs, Fl 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100002239851-2
-07/16/97-01099-005
****165.00 ****165.00

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, or on an attachment with an address.

SIGNATURE: Maureen Kelsey

3/27/97 7-195-243-9843

CR2E034 (9/96)