

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

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90001 032 ***558.75

DOCUMENT # P96000078220

1. Corporation Name
CREATIVE SYSTEM SOLUTIONS, INCORPORATED



Principal Place of Business
320 CORPORATE WAY
SUITE 100
ORANGE PARK FL 32073

Mailing Address
320 CORPORATE WAY
SUITE 100
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 213 6th AVE NORTH
Suite, Apt. #, etc.
22
City & State
23 JACKSONVILLE BEACH FL
Zip Country
24 32250 25 USA

2a. Mailing Address
26 213 6th AVE NORTH
Suite, Apt. #, etc.
27
City & State
28 JACKSONVILLE BEACH FL
Zip Country
29 32250 30 USA

3. Date Incorporated or Qualified
09/19/1996

4. FEI Number
59-3412988

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MERCER, DEREK
320 CORPORATE WAY
SUITE 100
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name DEREK MERCER
82 Street Address (P.O. Box Number is Not Acceptable)
213 6th AVE NORTH
83
84 City JACKSONVILLE BEACH FL 85 Zip Code 32250

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 DEREK MERCER 4-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	MERCER, DEREK	320 CORPORATE WAY, SUITE 100	ORANGE PARK FL 32073	<input type="checkbox"/>
D	SEARS, JOHN D	320 CORPORATE WAY, SUITE 100	ORANGE PARK FL 32073	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	2.1	2.2	2.3	2.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4		<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4		<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4		<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4		<input type="checkbox"/>	<input type="checkbox"/>

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: DEREK MERCER 4-30-99 904-241-3327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0021537

CR2E034 (11/98)