


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 10 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P96000092455 (0)</b> 1. Corporation Name <b>FAT CAT CREATIVE SERVICES INC.</b>		



<b>Principal Place of Business</b> 2381 SE FEDERAL HIGHWAY 8 STUART FL 34994-4528	<b>Mailing Address</b> 2381 SE FEDERAL HIGHWAY 8 STUART FL 34994-4528
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2888 TENNIS CLUB DR Suite, Apt. #, etc. 22 703 City & State 23 WEST PALM BEACH, FL Zip 24 33417 Country 25 USA		2a. Mailing Address 26 2888 TENNIS CLUB DR Suite, Apt. #, etc. 27 703 City & State 28 WEST PALM BEACH, FL Zip 29 33417 Country 30 USA		3. Date Incorporated or Qualified 01/01/1997
		4. FEI Number 65 0741360		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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES INC. 4521 PGA BLVD. STE 211 PALM BEACH GARDENS FL 33418		10. Name and Address of New Registered Agent 81 Name JOHN VAN DALEN 82 Street Address (P.O. Box Number is Not Acceptable) 2888 TENNIS CLUB DRIVE #703 83 84 City WEST PALM BEACH FL 85 Zip Code 33417	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME VAN DALEN, JOHN A STREET ADDRESS 2381 SE FEDERAL HIGHWAY 8 CITY-ST-ZIP STUART FL 34994-4528	<input type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME VAN DALEN, JOHN A 1.3 STREET ADDRESS 2888 TENNIS CLUB DRIVE #703 1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: [Signature]

9-6-98 561712 9331

CR2E034 (5/98)