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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 10 1998 8:00am Secretary of State

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 1. Corporation Name	P97000009087	(2)
CREATIVE CAD DESIGNS INC		

Principal Place of Business

Mailing Address

9761 SARATOGA PARK CT. **BOCA RATON FL 33428**

9761 SARATOGA PARK CT. **BOCA RATON FL 33428**

3. Date Incorporated or Qualified <u>01/27/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 26 5860 Tour Not Applicable \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible OWAR Personal Property Tax due June 30. X Yes Name and Address of Current Registered Agent Name and Address of New Registered Agent BEAL, KEITH A 159 NW 70TH ST. UNIT 511 82 **BOCA RATON FL 33487** 83 City Zip Code 33486 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 5 A SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELFTE 1.1 TITLE **Addition** ☐ Change NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP TITLE DELETE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - \$T - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.13(1).6 noilibhA NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Change 400002586614 NAME 6.2 NAME -07/13/98--01074--008 STREET ADDRESS 6.3 STREET ADDRESS ***150.00 CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 supplicmental 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 13 if changed, or on an attachment with an address