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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**1998** 

	JMENT # P9700 RIS & ASSOCIATES CREATIV	OO15O33 (8) /E DEVELOPMENT, INC				
Principal Pla	ace of Business	Mailing Address				
16 WINSTON DRIVE 16 WINSTON DRIVE						
BELLEAIR		BELLEAIR FL 34616			DO NOT WOITE IN THIS SPACE	
					DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified	
2. Principal Place of Business		2a. Mailing Address			02/17/1997 4. FE Number Applied For	
21		26			59-34288/3 Not Applicable	
Suite, Apt. #, etc		Stille, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22 City & State		City & State			Fee Required	
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country		Zip Country		intry	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	g, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	
j t	HARRIS, AMY G ESQ.			81 Name		
15950 BAY VISTA DRIVE, SUITE 230				82 Street Address (P.O. Box Number is Not Acceptable)		
0	CLEARWATER FL 34620					
ł				83		
				84 City	85 Zip Code	
					FL   FL   FL   FL   FL   FL   FL   FL	
office o agent. I SIGNATURI	I am familiar with, and accept the obliq	gations of, Section 607.0505, F	lorida Stat	utes.	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered elequired when reinstating)  DATE	
12.		4D DIRECTORS	13.	d Ageni signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TI	TLE	Change Addition	
NAME	HARRIS, G. MICHAEL		1.2 NA	AME		
STREET ADORES	s 16 WINSTON DRIVE		1.3 \$1	TREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL 34616	BELLEAIR FL 34616		ITY-ST-ZIP		
TITLE	D	DELETE	2.1 10	TLE	☐ Change ☐ Addition	
NAME	ROSS, PAUL D		2.2 N	AME		
STREET ADDRESS		Τ #77	2.3 ST	REET ADDRESS	15950 BAY VISTA DRIVE STE. 235	
CITY-ST-ZIP	CLEARWATER FL 34624			ITY-ST-ZIP	CLEARWATER, FL 34620	
TITLE		☐ DELETE	3 1 TI	TLE	Change Addition	
NAME			3 2 N/	AME		
STREET ADDRES	es		3.3 ST	REFT ADDRESS		
CITY-ST-ZIP	<del> </del>	T or ere		ITY-ST-ZIP		
TITLE		L_] DELETE	4.1 Tr		Change Addition	
NAME	_ 1		4. 2 N			
STREET ADDRES	8			IREET ADDRESS		
TITLE	IT-ZIP DELETE		5.1 TI	T) F	Change Addition	
NAME		FT OVICE IT	5.1 H			
STREET ADDRES	: 2			TREET ADDRESS		
CITY-ST-ZIP	~		•	TY-ST-ZIP		
TITLE		DELETE	6.1 TI		Change Addition	
MALAF			CON	4 L 4 F		

14. Thereby 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

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE: G. MICHAEL HARRIS

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jun 02 1998 8:00am

Secretary of State

813-560-1135