

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

0413266

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90143 028 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000015033
 1. Corporation Name
HARRIS & ASSOCIATES CREATIVE DEVELOPMENT, INC.



| | |
|---|---|
| Principal Place of Business 16 WINSTON DRIVE BELLEAIR FL 34616 | Mailing Address 16 WINSTON DRIVE BELLEAIR FL 34616 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-----------------|-----------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | 3. Date Incorporated or Qualified 02/17/1997 | 4. FEI Number 59-3428813 | Applied For <input type="checkbox"/> Not Applicable |
| 21 Suite, Apt. #, etc. | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 Zip 33756 Country | 24 Country | 29 Zip 33756 Country | 30 Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent | | | | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|-------------|--------------|--|---|-------------------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| HARRIS, AMY G ESQ. 15950 BAY VISTA DRIVE, SUITE 230 CLEARWATER FL 34620 | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | 16 WINSTON DRIVE |
| | | | | 83 | |
| | | | | 84 City | BELLEAIR FL |
| | 85 Zip Code | 33756 | | | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRIS, G. MICHAEL | 1.2 NAME | |
| STREET ADDRESS | 16 WINSTON DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BELLEAIR FL 34616 | 1.4 CITY-ST-ZIP | 33756 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSS, PAUL D | 2.2 NAME | |
| STREET ADDRESS | 15950 BAY VISTA DR, STE 235 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL 34620 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| 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 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: *[Signature]* **REQUIRED** Date _____ Daytime Phone # _____

CR2E034 (11/98)