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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000016070 (9)

CREATIVE PROMOTIONAL SPECIALISTS, INC.

Principal Place of Business Mailing Address 6202 BENJAMIN ROAD 6202 BENJAMIN ROAD SUITE 100 SUITE 100 DO NOT WRITE IN THIS SPACE TAMPA FL 33634 TAMPA FL 33634 3. Date Incorporated or Qualified 02/17/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-343*0*074 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıp Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALLWEISS, MICHAEL D ESQ. 111 2ND AVENUE N.E. Street Address (P.O. Box Number is Not Acceptable) **SUITE 620** 83 ST PETERSBURG FL 33701 84 City 85 Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE Chairman CR2E034 1.2 NAME NAME Peter J. Porcelli, Jr. 1.3 STREET ADDRESS STREET ADDRESS 6202 Benjamin Rd. CITY-ST-ZIP 1.4 CITY-ST-ZIP Tampa, FL DELETE Change Addition TITLE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - 7IP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP

64 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 address.

4.1 TITLE

4 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

4/24/98

8/3-887-1800

Change

Change

Addition

Addition

Addition

FILED

May 15 1998 8:00am

Secretary of State