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

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13 1998 8:00am
Secretary of State

DOCUMENT # P97000017322 (3)

1. Corporation Name
CREATIVE IMAGING, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8910 N DALE MABRY, SUITE 39 TAMPA FL 33614-1500	8910 N DALE MABRY, SUITE 39 TAMPA FL 33614-1500

3. Date Incorporated or Qualified: 02/20/1997

4. FEI Number: 593444811 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 6802 Citicorp Blvd	26 3837 Northdale Blvd
Suite, Apt. #, etc: 22 Suite 550	Suite, Apt. #, etc: 27 Suite 205
City & State: 23 Tampa, Florida	City & State: 28 Tampa, Florida
Zip: 24 33619 Country: 25 USA	Zip: 29 33624 Country: 30 USA

9. Name and Address of Current Registered Agent

FELKER, MICHAEL I
16403 CYPRESS MULCH CIR #1903
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: Felker, Michael I
82 Street Address (P.O. Box Number is Not Acceptable): 4214 Woodlark Dr.
83
84 City: Tampa FL 85 Zip Code: 33624

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] (Mike Felker) DATE 4/7/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

		Delete
TITLE	D	☐
NAME	FELKER, MICHAEL I	
STREET ADDRESS	8910 N DALE MABRY, SUITE 39	
CITY-ST-ZIP	TAMPA FL 33614-1500	
TITLE	D	☒
NAME	PASTORE, THOMAS J	
STREET ADDRESS	6212 EAGLEBROOK AVE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1.1 TITLE		☐	☐
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		☐	☐
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐	☐
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐	☐
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐	☐
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐	☐
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

CR2E034 (10/97)

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] Mike Felker 4/7/98 932-