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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000024622 (7)

CRISCENZO CREATIVE, INC.

Principal Place of Business

Mailing Address

FILED Feb 27 1998 8:00am Secretary of State



3077 CASA DEL SOL #201 3077 CASA DEL SOL #201 CLEARWATER FL 34621 CLEARWATER FL 34621 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/10/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3437386 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 33761 33761 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRISCENZO, JEENI 3077 CASA DEL SOL #201 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34821** 83 64 City Zip Code 85 33761 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 profest caree of registered agent and idea if apply able (NOTE_Registered Agent aignature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 10 LE Change D, P ___ Addition CRISCENZO, JEENI NAME 1.2 NAME 3077 CASA DEL SOL #201 STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34621** CITY-ST-ZIP 33761 1.4 CHTY - ST - ZIP DELETE TITLE Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITE F DETELE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP UELETE 51 TITLE Change Addition TITLE 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CiTY-ST-ZiP DELETE TITLE 61 TITLE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS 6 4 CITY - ST - ZIP CITY-ST-ZIF

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 amount 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 of 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 attractment with an address.

Jeeni Criscenzo, President

SIGNATURE:

813-725-1323