Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000042384

1. Corporation Name

CLEARLY CREATIVE, INC.

Principal Place of Business
2333 BRICKELL AVENUE TERRACE A MIAMI FL 33129

Suite, Apt. #, etc.

SIGNATURE:

City & State

Principal Place of Business

Mailing Address

2333 BRICKELL AVENUE TERRACE A

2a. Mailing Address

City & State

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suite, Apt. #, etc.

MIAMI FL 33129

26

27

May 06, 1999 8:00 am Secretary of State

05-06-1999 90276 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Election Campaign Financing

05/09/1997

59-2155245

4. FEI Number

23		28				Frust Fund Contribution		Added it	71665
Zip	Country	Zip		Country		8. This corporation owes the	ne current year Inta		_
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of	New Registered A	.gent	
					Name				ĺ
MARX, RICHARD B				82	Street Addres	ss (P.O. Box Number is Not A	(cceptable)		
1221 BRICKELL AVENUE GG WEST Flagler ST SUITE 1018 2nd Floor				1	0.0017.00.0				
SUITE TOTAL STABLE TOOK									1
MIAMI FL 33131 Miami 6-1 33130			84	City			85 Zip C	ode	
Tributation of our				84	City		FL	200	ode
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, typed or printed name of registered agent	t and title if applicable	/NOTE: Regis	tered Agent	signature required	when reinstating)	DATE		— i
12.	OFFICERS AND			13.	J	ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTO	R\$ IN 12
TITLE	PD	☐ DEI		I.1 TITLE				Change	Addition
NAME	MARX, DORIANN		1	.2 NAME					
STREET ADDRESS	2333 BRICKELL AVENUE, TERR	IACE A		.3 STREET	ADDRESS				Į.
CITY-ST-ZIP	MIAMI FL 33129			I.4 CITY-ST	i				
TITLE	140 411 1 2 4 1 4 4	□ DEI		2.1 TITLE	<u></u>			☐ Change	☐ Addition
NAME			2	2.2 NAME					
STREET ADDRESS				2.3 STREET	ADDRESS				
CITY ST-ZIP				2. 4 CITY-\$	\			- Therefore	
TITLE		DEI		3.1 TITLE				Change	Addition
NAME			1 3	3.2 NAME					
STREET ADDRESS			3	3.3 STREET	ADDRESS :				
CITY-ST-ZIP				3.4. CITY-57	ļ				
TITLE		□ DEI		1.1 TITLE				Change	Addition
NAME			4	. 2 NAME					
STREET ADDRESS				1.3 STREET	ADDRESS				
CITY-ST-ZIP				.4 CITY-ST					
TITLE		□ DE		51 TITLE			_	Change	Addition
NAME				5.2 NAME					{
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP	j			5.4 CITY-ST	-ZIP				
TITLE		☐ DEI	LETE 6	3.1 TITLE				Change	Addition
NAME		_] (5.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
				3.4 CITY-ST					
14. I hereby o	L	h this filing does not a	ualify for the	exemption	on stated in Se	ection 119.07(3)(i), Florida Sta	tutes. I further certi	ify that the in	nformation
indicated officer or	on this annual report or supplemental director of the copporation or the recei or Block 13 if changed, or on an attack	annual report is true a iver or trustee empowe	ind accurate a ered to execu	and that te this re	: my signature port as require	shall have the same legal effe	ect as it made unde	r oatn; tnat i	am an