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

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000044604 (1)

CREATIVE IMPULSE, INC.

**FILED** Apr 10 1998 8:00am Secretary of State

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4/2/2

308.674.1822

Principal Plan	no of Business	Mailing Address							
2395 LAKE F	NO. 8	95 LAKE PANCOAST DRIVE D. 8							
MIAMI BEAC	H FL 33140		MIAMI BEACH FL 33140				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 05/20/1997			
<b>⊢</b> '	Place of Business	<del> </del> 1	2a. Mailing Address			4. FEI Number 65-0769011	J	Applied For	
21 Cuita Ant	# alo		26 Suite Act # cts			63-0169011		Not Applicable	
Suite, Apt	·	Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	te	City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip			Country		8. This corporation owes or has paid the current year Intangible				
24			30	01		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent					Name	10. Haille and Address of New Neglaters	2 Agont		
LEWIS, HAROLD L ESQ SUITE 3660, ONE BISCAYNE TOWER				81					
TWO S BISCAYNE BLVD				82	Street A	Address (P.O. Box Number is Not Acceptable)			
1	AMI FL 33131			83					
""				84	City		<b>85</b> Zip	Code	
1						<u> </u>	L     `		
I office or	t to the provisions of Sections 607, registered agent, or both, in the S am familiar with, and accept the of	ate of Florida. Such change wa	is authori:	zed by	the coro	corporation submits this statement for the purpose oration's board of directors. I horeby accept the ap	of changing opointment a	its registered is registered	
SIGNATURE									
10	Signature, typed or printed name of registere	agent and title if applicable (f AND DIRECTORS	OTE: Registe		ant signature r	required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTO	)BS IN 12	
TITLE D		DELETE		TITLE		ADDITIONS/OFFINIALS TO OFFICE IO N	Change		
NAME	LEE (> DOTTONE	<del></del>		NAME					
STREET ADDRESS	1	r Dc # 8	1.3	STREET	ADDRESS				
CHTY-ST-ZIP	Miconi Beh. Fl	33140	1.4	CITY-S	51-ZIP				
TITLE		☐ DELETE	DELETE 2.1 TI				Change	Addition	
NAME			2.21						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE		4 CITY-	S1-ZIP		Change	Addition	
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TITLE			5.1 TITLE			☐ Change	Addition		
NAME			5.2	NAME	ļ				
STREET ADDRESS			5.0	STREET	ADDRESS				
CITY-ST-ZIP			5.4	CITY-S	ST-ZIP				
TITLE		DELETE	6.	TITLE			☐ Change	Addition	
NAME			6.2	2 NAME					
STREET ADDRESS			6.3	STREET	ADDRESS				

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.