

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mertham ✶ Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000060728 (7)**

1. Corporation Name

WEB CREATIONS, INC.



Principal Place of Business THE PLAZA, SUITE 801 5355 TOWN CENTER ROAD BOCA RATON FL 33486	Mailing Address THE PLAZA, SUITE 801 5355 TOWN CENTER ROAD BOCA RATON FL 33486
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8531 N.W. 51ST COURT Suite, Apt. #, etc. 22		2a. Mailing Address 26 8531 N.W. 51ST COURT Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 07/10/1997
City & State 23 LAUDERHILL, FL Zip 24 33351		City & State 28 LAUDERHILL, FL Zip 29 33351		4. FEI Number 65-0773157 Applied For <input type="checkbox"/> Not Applicable
Country 25		Country 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ENGELHARD, SHELDON ESQ
THE PLAZA, SUITE 801
5355 TOWN CENTER ROAD
BOCA RATON FL 33486**

81 Name RICHARD AMADO
82 Street Address (P.O. Box Number is Not Acceptable) 7101 W. MCNAB ROAD
83 SUITE #201
84 City TAMARAC
85 Zip Code FL 33321

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 **RICHARD AMADO** *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
3/9/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/S/T/D <input type="checkbox"/> DELETE	NAME MATTHEW KEAN	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8531 N.W. 51ST COURT		1.2 NAME	
CITY-ST-ZIP LAUDERHILL, FL 33351		1.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	NAME	1.4 CITY-ST-ZIP	
STREET ADDRESS		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		2.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY-ST-ZIP	
CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	NAME	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	NAME	4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		5.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	NAME	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, on an attachment with an address.

SIGNATURE: *[Signature]* **MATTHEW KEAN**

3/9/98

CR2E034 (10/97)