

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000064548 (5)
 1. Corporation Name
J M C CREATIVE UPGRADES, INC.

Principal Place of Business 6805 MASSACHUSETTS DRIVE LANTANA FL 33462	Mailing Address 6805 MASSACHUSETTS DRIVE LANTANA FL 33462
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6805 MASSACHUSETTS DRIVE Suite, Apt. #, etc.	2a. Mailing Address 26 6805 MASS. DR Suite, Apt. #, etc.
22 City & State 23 LANTANA FL	27 City & State 28 LANTANA FL
24 Zip 33462	25 Country U.S.A.
29 Zip 33462	30 Country U.S.A.

3. Date Incorporated or Qualified
07/24/1997

4. FEI Number 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

9. Name and Address of Current Registered Agent
**KIRKON, MICHELLE H. KIRKON, michelle H.
 6805 MASSACHUSETTS DRIVE
 LANTANA FL 33462**

10. Name and Address of New Registered Agent

81 Name MICHELLE H. KIRKON
82 Street Address (P.O. Box Number is Not Acceptable) 6805 MASSACHUSETTS DRIVE
83 City LANTANA FL
84 Zip Code 33462

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE President	<input type="checkbox"/> DELETE
NAME JOHN E. KIRKON	
STREET ADDRESS 6805 MASS DR.	
CITY-ST-ZIP LANTANA, FL 33462	
TITLE Registered Agent	<input type="checkbox"/> DELETE
NAME Michelle H. Kirkon	
STREET ADDRESS 6805 MASS. DR	
CITY-ST-ZIP LANTANA, FL 33462	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, or on an attachment with an address.

SIGNATURE: **John E. Kirkon** **John E. Kirkon** 41.26-98 011.967 5777

CR2E034 (10/97)