FILED May 15, 1999 8:00 am Secretary of State

05-15-1999 90019 023 \*\*\*150.00

## 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 # P97000076709

1. Corporation Name

ishai cf	REATIVE GROUP, INC.				
Principal Place	a of Rusiness	Mailing Address		-{	
Principal Place of Business Mailing Address  709 E CARACAS ST 709 E CARACAS ST TAMPA FL 33603 TAMPA FL 33603				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed 09/04/1997	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number 59-3482634	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 29 30	Country	This corporation owes the current year to Personal Property Tax.	ntangible ☐ Yes ☐ No
				10. Name and Address of New Registere	d Agent
ROBERTSON, LORENZO C 709 E CARACAS ST TAMPA FL 33603			81 Name 82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
			83		
			84 City	F	85 Zip Code
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 appointment as registered agent. Signature Signature (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTSON, LORENZCO C		1.2 NAME		j
STREET ADDRESS	709 E CARACAS ST		1.3 STREET ADDRESS		1
CITY-ST-ZIP	TAMPA FL 33603		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROLLINS, J. RICC II		2.2 NAME		
STREET ADDRESS	709 E CARACAS ST		2.3 STREET ADDRESS		
C!TY-ST-ZIP	TAMPA FL 33603		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	-	☐ DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: (

NAME

STREET ADDRESS