**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000013023

ABSOLUTELY CREATIVE, INC.

## May 08, 1999 8:00 am Secretary of State

05-08-1999 90023 041 \*\*\*163.75



Mailing Address Principal Place of Business 7020 NW 49TH PLACE 7020 NW 49TH PLACE LAUDERHILL FL 33319 LAUDERHILL FL 33319 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/10/1998 2. Principal Place of Business Applied For 2a. Mailing Address 4. FEI Number Not Applicable 26 same as above 5ame ahove \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip Country Zip 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BANNES, W JEFFREY 82 21301 POWERLINE RD. SUITE 300 **BOCA RATON FL 33334** 83 City 84 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 CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 ☐ Addition □ DELETE 1.1 TITLE TITLE E Noble 1.2 NAME NAME Eugenia 20 NW 49m DIACE 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY- \$T-ZIP CITY-ST-ZIP ☐ Addition ☐ Change VICE President DougloNoble TITLE 2.1 TITLE 2.2 NAME NAME TOOD NW 49th Place 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition [] Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 pame appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

vacnia E Noble

SIGNATURE:

CITY-ST-ZIP