

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEFARTMENT OF STATE

Katherino Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOROGOSOSO1

1. Corporation Name CREATIVE CONCEPTS & IMAGES, INC. Principal Flace of Business 17 EGLIN PARKWAY NE FORT WALTON BEACH FL 32548 18 FORT WALTON BEACH FL 32548						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified			
						07/01/1998			
<u> </u>	lace of Business	2a. Mailing Address				4. FEI Number 59-3488044			plied For Applicable
21 Suite Opt	# etc	Suite, Apt. #, etc.							dditional
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27						5. Certificate of Status Desired	<u> </u>		quired
 — City & State 	D-; - ,	City & State			n, lare	6. Election Campaign Financing	j .		May Bo
23 Zip	Country	28 Zip	Cou	intry		8. This corporation owes the current	vear Inf		o Fees
24	25 29		30	•		Personal Property Tax.		Yes	□No
24;	9. Name and Address of Curren			<u> </u>		10. Name and Address of New Reg	istered	Agent	
4		·		81	Name				
ANDREWS, DALE 17 EGLIN PARKWAY NE				82	Street Addre	odress (P.O. Box Number is Not Acceptable)			
	T WALTON BEACH FL 32548		ļ	83			—–		·
				\Box					
				84	City		FL	85 Zip (;ode
SIGNATURE Signature, typed or printed in time of registered ager I and table if applicable (NOTE 12. OFFICERS AND DIRECTORS				Registered Agent signature rei sired		ADDITIONS/CHANGES TO OFFIC	DATE ERS AN	ID DIRECTO	RS IN 12
TITLE	DEGSIOCALT	□ DELETE	1.1 TI	TLE				Change	☐ Addition
NAME	PALE ANDREWS		1.2 N	WE.					
STREET ADOR :SS	PALE ANDREWS 17 NE EGLIN PARKWAY FORT WALTON PEACHFL 3254		1.3 57	1.3 STREET ADORESS					
CITY-ST-ZIP	PORT WALTON VE	ACHIN 32398	1.4 CF	TY-5T	-ZIP			Change	Addition
TITLE		L'1 DETE1E	2.1 TI 2.2 NJ					Chounde	
NAME					ADDRESS				
STREET ADDRESS CITY-ST-ZIP			2.40		i				
TITLE		☐ DELETE	3 1 777	TLE	$\neg \neg \neg$			Change	☐ Addition
NAME			32 NA	ME	İ				
"STREET ADORESS			·3.3 ST	REET	ADDRESS				
CITY-ST-ZIP				ITY-SI	-ZP			☐ Change	Addition
TITLE		☐ DELETE	4.1 TTT 4.2 NJ					. 🗀 0.44.90	
NAME			- 1		ADORESS				
STREET ADDR :SS			4.4 CF		i i	•			
TITLE		DELETE	5 t TII					Change	Addition
NAME		_	5.2 NA	WE					
STREET ADDR :SS			5.3 ST	REET	ADORESS				
CITY-ST-ZIP			540	TY-ST	-zip				
TITLE		☐ DELETE	6.1 TII	N.E				☐ Change	Addition
NAME			6.2 NA	WE					
			5 63 ST	REET	ADDRESS				

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 ?(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.0 ?(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.0 ?(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.0 ?(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.0 ?(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for exemption stated in Section 119.0 ?(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for exemption stated in Section 119.0 ?(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.0 ?(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.0 ?(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.0 ?(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.0 ?(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.0 ?(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.0 ?(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.0 ?(3)(iii) for information indicated in Section 119.0 ?(3)(iii) for information indicated in Section 119.0 ?(3)(iii) for information indicated in Section

IAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 28, 1999 8:00 am Secretary of State 04-28-1999 90041 041 ***150.00