## 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 May 05, 1999 8:00 am Secretary of State 05-05-1999 90223 006 \*\*\*150.00

**FILED** 

## DOCUMENT # P98000060281

CREATIVE INNOVATIONS WORLDWIDE, INC.

Principal Place of Business							
5765 NW 101 WY							
CORAL SPRINGS EL 33076							

Mailing Address

5765 NW 101 WY CORAL SPRINGS FL 33076



COMPL SI TIMO	00/AE 0/1/1/00 12 00/70			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 07/06/1998		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21 /0/00	W. SAMPLE ROAD	26 /0100 W. SA	MALE	2040	65-085-30-14		Applicable
Suite, Apt.	#, etc. re 311	Suite, Apt. #, etc.  27 Suite 311			5. Certifcate of Status Desired	☐ \$8.75 A	
City & State	3	City & State			6. Election Campaign Financing	□ \$5.00 r	May Be
	SPRINGS, FL	28 CORAL SPRI	ر کیمی در Country	<u> </u>	Trust Fund Contribution	Added to	Fees
zip 24 330	Country  G S US A.	Zip 29 33065 30	¬ ``` - <b>′</b>	SA	This corporation owes the current Personal Property Tax.		No
<u></u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
34/41/	DEDO A DENTY DA	<del></del>	81	Name MAILI	BERG& RENZY, P.A	<b>\</b> .	
WALLBERG & RENZY, P.A.					ess (P.O. Box Number is Not Acceptable		2.1
1918 HARRISON ST, STE 101				10100			311
HOLL	YWOOD FL 33020		83				•
	÷ ,		84	City Co RA	n Springs	FL 85 Zip C	ode 065
11 Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-	named corne	visition submits this statement for the nu	roose of changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida. Such change was auth	iorized by th	ne corporation	n's board of directors. I hereby accept	the appointment as reg	jistered
SIGNATURE		-Ron Romershall	rabu	e de Ke	nee VA	12619	
SIGNATURE	Signature, typed or printed name of registered agent			ignature required		DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12 Addition
TITLE	PD	☐ DELETE	1.1 TITLE	İ		Change	☐ Addition
NAME	RENZY, RYAN		1.2 NAME				
STREET ADDRESS	5765 NW 101 WY		1.3 STREET A	DDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33076		1.4 CITY-ST-	ZIP		Change	☐ Addition
TITLE		DELETE	2.1 TITLE			☐ Change	Addition
NAME		!	2.2 NAME				{
STREET ADDRESS			2.3 STREET A				}
CITY-ST-ZIP			2. 4 CfTY-ST-	ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE	ļ		Citarige	
NAME			3.2 NAME				}
STREET ADDRESS			3.3 STREET A				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST- 4.1 TITLE	ZIP		☐ Change	Addition
TITLE			4.1 IIILE 4.2 NAME			Jango	
NAME			4.2 NAME: 4.3 STREET A	DDBESS			Ì
STREET ADDRESS			4.3 STREET A				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	CIF .		☐ Change	Addition
NAME			5.2 NAME			<del>-</del> •	
STREET ADDRESS			5.3 STREET A	DDRESS	<b>;</b>		
-			5.4 CITY-ST-	ZIP			ļ
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME		·	6.2 NAME				
STREET ADDRESS		•	6.3 STREET A	DDRESS			
CITY-ST-ZIP			6.4 CfTY-ST-	ZIP			

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

SIGNATURE:

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