


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

FILED  
Sep 16, 1999 8:00 am  
Secretary of State

09-16-1999 90012 034 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P98000073671</b>		
1. Corporation Name <b>CREATIVE INTEGRATED SERVICES, INC.</b>		

Principal Place of Business <b>6298 44TH AVENUE NORTH ST. PETERSBURG FL 33709</b>	Mailing Address <b>6298 44TH AVENUE NORTH ST. PETERSBURG FL 33709</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>501 KNIGHTS Run Ave</b> Suite, Apt. #, etc. 22 <b>#5101</b> City & State 23 <b>Tampa FL</b> Zip 24 <b>33602</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>P. O. Box 1792</b> Suite, Apt. #, etc. 27 City & State 28 <b>Tampa FL</b> Zip 29 <b>33601</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>08/20/1998</b>	4. FEI Number <b>59-3531427</b> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MIKOS, CYNTHIA A ESQ. HOLLAND &amp; KNIGHT LLP 510 VONDERBURG DRIVE #3005 BRANDON FL 33511</b>		10. Name and Address of New Registered Agent 81 Name <b>Cynthia A. Mikos PA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>205 North Parsons Ave</b> 83 84 City <b>Brandon</b> FL 85 Zip Code <b>33510</b>	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B Beverly DeGrandchamp</b> <input checked="" type="checkbox"/> DELETE <b>6298 44th Ave. North</b> <b>St. Petersburg FL 33709</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>C/P/V/T/S</b> <b>CeeBee Todd</b> <b>501 Knights Run Avenue #5101</b> <b>Tampa FL 33602</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CeeBee Todd</b> <input type="checkbox"/> DELETE <b>501 KNIGHTS Run Ave #5101</b> <b>Tampa FL 33602</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Beverly DeGrandchamp</b> <input checked="" type="checkbox"/> DELETE <b>6298 44th Ave. North</b> <b>St. Petersburg FL 33709</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CeeBee Todd</b> <input type="checkbox"/> DELETE <b>501 Knights Run Ave #5101</b> <b>Tampa FL 33602</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: C. S. Mikos **REQUIRED** CeeBee Todd September 14, 1999 813.221.2014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)