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

**PROFIT** CORPORATION ANNUAL REPORT

1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000085538

Corporation Name

Principal Place of Business

CREATIVE COMMUNICATIONS OF HAVANA, INC.

1298 CHEROKEE DR HAVANA FL 32333		1298 CHEROKEE DR HAVANA FL 32333					
	•				DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 09/28/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26	26		59-3552460	No	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 A	dditional
22		27			5. Certifcate of Status Desired	Fee Re	quired
	City & State City & State			6. Election Campaign Financing \$5.00 May		May Be	
23	_	28			Trust Fund Contribution Added to Fees  8. This corporation owes the current year intangible		
Zip	Country						
24	25 29 30			Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Cu		<u> </u>		10. Name and Address of New Registere	d Agent	
h			81	Name			
	sh, george Cherokee Dr		82 Street A		Address (P.O. Box Number is Not Acceptable)		
	ANA FL 32333		83				
			84	City		. 85 Zip C	Code
				'	F	L	
	anistand agost or both in the St	tate of Florida, Silich change Was all	IDOLIZAGI DV	ine comm	orporation submits this statement for the purpose ration's board of directors. I hereby accept the app	of changing its pointment as re(	registered gistered
agent. I a	m familiar with, and accept the of	oligations of, Section 607.0505, Flori	da Statutes	•			
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable (NOTF: I	Registered Age	nt signature reg	quired when reinstating) DATE		
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	GORDON, PATRICIA		1,2 NAME	+			
STREET ADDRESS	1298 CHEROKEE DR 13			ADDRESS			
			1.4 CITY-S	1			
CITY-ST-ZIP			2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
			1	ADDRESS	210 BRAD FORD RD M 104		
STREET ADDRESS			2.4 CITY-5	1		0 T	
CITY-ST-ZIP	DELETE		3.1 TITLE	31-ZIF	TALLAHASSEE FL 323	Change	☐ Addition
			3.2 NAME				
NAME				T ADDRESS			
STREET ADDRESS				ľ			
CITY-ST-ZIP		DELETE	3.4. CITY-5 4.1 TITLE	51-ZIP		☐ Change	Addition
TITLE			4.1 THE				_
NAME							
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			4.4 CITY- S	T- ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE			Change	
NAME			5.2 NAME	* +0000000			
STREET ADDRESS	A 4			1 ADDRESS			
CITY-ST-ZiP	No. 1		5.4 CITY-S	7-ZIP		Change	
TITLE .		☐ DELETE	6.1 TITLE	ļ		☐ Change	☐ Addition
NAME			62 NAME				
STREET ADDRESS			6.3 STREE	ADDRESS			

SIGNATURE:

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 op an attachment with an address, with all other like empowered.

May 10, 1999 8:00 am Secretary of State

05-10-1999 90266 033 \*\*\*150.00