

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90002 007 ***150.00

DOCUMENT # **P98000106773**

1. Corporation Name

CREATIVE VISIONS MARKETING, INC.

Principal Place of Business

1318 SOUTHEAST 2ND AVE.
FT. LAUDERDALE FL 33316

Mailing Address

1318 SOUTHEAST 2ND AVE.
FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1998

4. FEI Number

65-0885198

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes



No

2. Principal Place of Business

21 **1901 N. Park RD**

Suite, Apt. #, etc.

22 City & State

23 **Hollywood, FL**

Zip

24 **33021**

Country

25 **US**

2a. Mailing Address

26 **1901 N. Park RD**

Suite, Apt. #, etc.

27 City & State

28 **Hollywood, FL**

Zip

29 **33021**

Country

30 **US**

9. Name and Address of Current Registered Agent

BRADY, JAMES C
1318 SOUTHEAST 2ND AVE.
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SDVT** ☒ DELETE

NAME **BRADY, JAMES C**
STREET ADDRESS **1318 SOUTHEAST 2ND AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE **P** ☒ DELETE

NAME **BRADY, JAMES C**
STREET ADDRESS **1318 SOUTHEAST 2ND AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE **~~SECRET~~** ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SDVT** ☐ Change ☒ Addition

1.2 NAME **G. Jaffe, Gary E.**
1.3 STREET ADDRESS **1901 N. Park RD**
1.4 CITY-ST-ZIP **Hollywood, FL 33021**

2.1 TITLE **P** ☐ Change ☒ Addition

2.2 NAME **Jaffe, Gary E.**
2.3 STREET ADDRESS **1901 N. Park Road**
2.4 CITY-ST-ZIP **Hollywood, FL 33021**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GARY E. JAFFE

7-11-99

954-966-8310

CR2E034 (5/99)

0064928

590801-90002-7
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CREATIVE VISIONS MARKETING, INC.

July 12, 1999

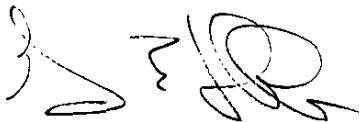
Katherine Harris, Secretary of State
FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Harris

Enclosed you will find this letter, 1999 Corporate Annual Report for Creative Visions Marketing (fein # 65-0885198) with payment of \$150.00. I never received a 1st notice, only the 2nd notice and was instructed by your office to send this letter, forms and payment of \$150.00. If you require any additional information, please contact me at the number below.

Thank you for your prompt attention to this pending matter.

Sincerely;



Gary E. Jaffe
President