OCUN		030528	ORT (UBR)	5/12/00-!	FIL Jul 07, 200	00 8:00 a
REATIV	E INTELLIGENCE ASSOCIAT	res, inc.	K	,	Secretary 05-12-2000 9086	y
nal Place	of Business	Mailing Address				
PODO:	-19 NORTH FL 64884	-94790 US HWY. 19 NORTH PALM HARBOR FL 34684.				
ncipal Pl	ace of Business	3. Mailing Address				
1444 East Lake Roll (18) Lite, Apt. #, stc. 1408		3444 Eastdake Rd Suite Apt. #, etc. 44 408		DO NOT WRITE IN THIS SPACE		
& State	Harbor FL	Palm Harb	or FL	4. FEI Number 59:-3	592222	Applied For Not Applicable
468	5 USA	34685	Country		ilus Desireo	Additional quired
	6. Name and Address of Current	Registered Agent	Name Sa	7. Name and Addr	ess of New Registered Agent	
3475	PORTE, G. ANDRE G'US'HWY. 19 NORTH I HARBOR FL 34684		Street Address 3444 #40	8 Harber	4 19	५६३ ३
URE	named entity submits this statement to G. ANDRE DELR Springerure, typed or privided name of registered agent	RTE	registered office or regist	1	he State of Florida.	
corpor filing re	ration is eligible to satisfy its intangible equirement and elects to do so.	FILE NOW After MAY 1, 2	III FEE IS \$150.00 000 Fee will be \$550.00 ble to Department of Si	10. Election Trust Fur		55.00 May Be udded to Fees
DDRESS ZIP	OFFICERS AND DROS - BEG G. Andre Del aur 3440 East Laire	DELECTORS Delete Rd #408 2 34685	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHAP	NGES TO OFFICERS AND DIREC	
ORESS	PRESIDENT G. ANDRE DELPO 3444 EAST LAKE	RD. # 400	TITLE NAME STREET ADDRESS	1 9 2 1 1 1	☐ Cha	ange Addition &
ORESS	PALM HARBUR, F	L 34695 ☐ Delete	TITLE NAME STREET ADDRESS		Cha	inga 🔲 Addition
DRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	, 	☐ Cha	ange 🗋 Addition
nP		□ Delete	CITY-ST-ZIP TITLE NAME		☐ Cha	inge 🗀 Addillon
DRESS IP		C) Delete	STREET ADDRESS CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	Cha	inge 🔲 Addition
DRESS		ст пазав	NAME STREET ADDRESS CITY-ST-ZIP		٠.	
icated of he corp anged, o	ertify that the information supplied with on this report or supplemental report is oration or the receiver or trustee empor or on an attachment with an address, v	, true and accurate and that i owered to execute this report vith all other like empowered	my signature shallinave the as required by Chapter 60	Section 119.07(3)(i), Flores same legal effect as if 07, Florida Statutes; and	rida Statutes. I further certify that made under oath; that I am an of that my name appears in Block 727-723 Defe Deprime Pro-	11 or Block 12 if