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PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S64447** (3)

1. Corporation Name

CREATIVE INFOTEXT PROGRAMS, INC.

Principal Place of Business	Mailing Address
10021 PINES BLVD. C-204 PEMBROKE PINES FL 33024 US	10021 PINES BLVD. C-201 PEMBROKE PINES FL 33024 US

3. Date Incorporated or Qualified: 07/01/1991
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business
21 9421 SW 6 STREET
Suite, Apt. #, etc.
22
City & State
23 PEMBROKE PINES FL
Zip 24 33025 Country 25 US

2a. Mailing Address
26 9421 SW 6 STREET
Suite, Apt. #, etc.
27
City & State
28 PEMBROKE PINES FL
Zip 29 33025 Country 30 US

4. FEI Number: 65-0272598 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

CAROLE FIOCCO
275 S.W. 113TH WAY
PEMBROKE PINES FL 33025

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 9421 SW 6 STREET
83
84 City PEMBROKE PINES FL 85 Zip Code 33025

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	FIOCCO, PETER	
STREET ADDRESS	~~10021 PINES BLVD., STE. C-204~~ 9421 SW 6 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	ST	☐ DELETE
NAME	FIOCCO, CAROLE	
STREET ADDRESS	~~10021 PINES BLVD. STE. C-204~~ 9421 SW 6 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		☐ 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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] PETER FIOCCO, PRES. 2/21/96 954-433-5415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #