


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

FILED  
May 15 1997 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 599946

1. Corporation Name

CREATIVE INFORMATION Technology, Inc

Principal Place of Business

P.O. Box 151390  
Altamonte Springs, FL.  
32715-139045.

Mailing Address

P.O. Box 151390  
Altamonte Springs FL.  
32715-39045

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FEI Number

59-3097240

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

BATMAN, Jon G.  
200-122 MAITLAND AVE.  
Altamonte Springs, FL 32701

10. Name and Address of New Registered Agent

81 Name BATMAN, Jon G.  
82 Street Address (P.O. Box Number is Not Acceptable) 200 MAITLAND AVE #122  
83  
84 City Altamonte Springs FL 85 Zip Code 32701

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          | P                     | DELETE |
| NAME           | BATMAN, Jon G.        |        |
| STREET ADDRESS | 200-122 MAITLAND AVE. |        |
| CITY-ST-ZIP    | Altamonte SPGS FL.    |        |
| 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          | P                     | Change | Addition |
| 1.2 NAME           | BATMAN, Jon G.        |        |          |
| 1.3 STREET ADDRESS | 200 MAITLAND AVE #122 |        |          |
| 1.4 CITY-ST-ZIP    | Altamonte Springs FL. |        |          |
| 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    |                       |        |          |

14. I do 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 incorporator or a 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

4/25/97

Date

Daytime Phone #

CR2E034 (9/96)