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

PROFIT
CORPORATION
ANNUAL REPORT
1997

2. Principal Place of Business

Suite, Apt #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V16311

(5)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

CREATIVE CONTROL INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1515 N VICTORIA PARK RD	1515 N VICTORIA PARK RD
FT LAUDERDALE FL 33304-1319	FT LAUDERDALE FL 33304-1319

26

27

28

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 08 1997 8:00am Secretary of State



8. This corporation has liability for intangible tax under s. 199.032,

3s. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

05/01/1996

3. Date Incorporated or Qualified

02/24/1992

65-0362606

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

24		25		29	30	<u> </u>				Statutes		Yes Yes	□ No		
9. Name and Address of Current Registered Agent									10. Name	and Addres	s of New	Registered	Agent		
]	CAF	reaga, victo	RA.			81	Name								
}	CAF	PITAL BANK BI	uilding/mezzanine			82	Street	Addre	ss (P.O. Box	Number is t	Vot Accen	table)			
2151 LEJEUNE ROAD							30.0007	100.0	30 (1 .O. DOA		TOT / TOGOP	idolo)			
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11.	Pursuant	to the provisions	of Sections 607.0502	the abov	e-named	corpo	ration subm	its this stater	nent for th	e purpose	of changing	its registe	red		
}	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.														
SIC	SIGNATUR: Styr-time, typed or precled name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE														
Signature, typed or printed name of registred agent and Me it applicable (NOTE Registere 12. OFFICERS AND DIRECTORS 13.								reduired) NS/CHANG	ES TO OF	DATE	ID DIRECTA	1DQ INI 12	~
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14.	I do heret	by certify that the	e information supplied v his annual report or sup	vith this filing do	es not qualify fo	r the exe	mption st	lated i	in Section 11	9.07(3)(i), Fi	orida Stati	utes. I furth	er certify th	at the	that
	l am an o'	fficer or director.	of the corporation or th ock 13 if changed, or o	e receiver or tru:	stee empowere:	d to exec	cute this r	eport	as required	by Chapter 6	307, Florid	a Statutes;	and that my	inder bath; / hame	ir iai j

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