FILI	E NOW: FILING FE	E AFTER MAY 1	IS \$226.00			·
COF ANNU	PROFIT IPORATION JAL REPORT 1996	FLORIDA DEP Sandra	ARTMEN STATE a B Mort tary of S			
DOCUI	MENT # V188	57 (5)				
	REATIVE MARKETING, IN	IC.		(156/ B)(156/ H)(164 (164/ H)(164)	ı (öli Sili) Sili Sili Sili öldi	alan alan iba
Principal Place	of Business	Mailing Address				
1516 WHITE STE 202 FT LAUDERI	HALL DR DALE FL 33324	1516 WHITEHALL DR STE 202 FT LAUDERDALE FL				
US		US		Date Incorporated or Qualified 03/02/1992	3a. Date of Last Re 06/07/199	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FET Number 65-0346647	⊢	Applied For Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75	Additional Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	1 1	May Be I to Fees
Zip 24	Country 25 9. Name and Address of Curre	Zip 29	Country 30	8. This corporation has liability for it Florida Statutes 🔻 Yes	□No	199.032,
	9, Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent	
	N, DENISE		82 Street Addr	ress (P.O. Box Number is Not Acceptable	e)	
1516 W SUITE 2	HITEHALL DR M3		83		~	
	DERDALE FL 33324					
44 0	(0)		84 City		FL 85 Zp	l
familiar wit	o the provisions of Sections 607.050, established agent, or both, in the State of Floh, and accept the obligations of Sec			ation submits this statement for the purp of of directors. Thereby accept the appo	oose of changing its re intment as registered a	gistered office agent. Lam
	Signature, typed or printed name of registeract ag-	ं क्षेत्रकार विश्वकृतिकार्थः । हिंद	TE - Fing strong Agreet's greature respire	1 where remutatings	DATE	
12.	OFFICERS AF	ND DRECTORS	13. 1 1 TITLE	ADDITIONS/CHANGES TO OFFI		
NAME	DANIELS, JAMIE		1.2 NAME		Change	Addition 3
STREET ADDRESS	1516 WHITEHALL DR STE	202	L3 STREET ADDRESS			100
CITY - ST - ZIP	FT LAUDERDALE FL DVS	E po str	14 C/TY ST-ZIF			
TITLE NAME	CHACON, DENISE	☐ DELETE	2 1 HILE		☐ Change	Addition O
STREET ADDRESS	1516 WHITEHALL DR STE	202	2.2 NAME 2.3 STREET ADORESS			
CITY-ST-7IP	FT LAUDERDALE FL		2 4 CITY - \$1 - 2IP			
TITLE		☐ DEFELE	3 1 TITLE		☐ Change	Addition
NAME STREET ADDRESS			3 2 NAME			
CITY-S1-ZIP			3.3 STREET ADDRESS 3.4 CHY+ST-ZIP			
TITLE		☐ DELETE	4 1 TITLE		☐ Change	Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP TITLE		[] butt	4.4.0.1Y - ST - ZiP	· · · · · · · · · · · · · · · · · · ·		
NAME		Defete	5 1 TITLE 5 2 NAME		Change	Addition
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5 4 City - ST - ZiF			
TITLE		DELETE	6 I TIILE		Change	Addition
NAME CZOSSZ ADDOGGO			6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

City-SI-2iF

14. I do hereby certify that the information supplied with this fiting 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 office or director of the corporation or the receiver or trustee on powered 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. 4/2 d/ d/ (124) 414 8184