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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V18857

(5)

J&D CREATIVE MARKETING, INC.

Principal Plac	e of Business	Mailing Address			1811 01811 81811 81811 81811 81811 B1811
613 TURTLE	RUN ALE FL 33326	1112 WESTON RD			
US	ALE PL 33320	169 FT LAUDERDALE FL 3	13326	DO NOT WRITE IN	N THIS SPACE
		US		3. Date Incorporated or Qualified	
	_			03/02/1992	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26]		NOT APPLICABLE	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City 8 Ctat		27		<b>5.</b> 55752.65	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b>   Zip	Country	28 Zip	Country		Added to Fees
24	25	29	30	<ol> <li>This corporation owes or has paid Personal Property Tax due June 30</li> </ol>	
	9. Name and Address of Current		[30]	10. Name and Address of New Regis	
CH	ACON, DENISE		81 Name	6	
	16 WHITEHALL DR			racon Denis	<u></u>
	TE 203		82 Street Addr	ress (P.O. Box Number S)Not Acceptable)	)
	LAUDERDALE FL 33324		83	19116 1911	
					· · · · · · · · · · · · · · · · · · ·
			84 City	<b>.</b>	FL 85 Zip Code 4
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Sta of Florida, Such change wa	tutes, the above-named corp as authorized by the corporat	poration submits this statement for the pur- tion's board of directors. I hereby accept t	nose of changing its registered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505,	Florida Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	t and title of arrests units	NOTE Registered Agent signature requir	columbus relatation)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	DPT	DELETE	1.1 TITLE		Change Addition
NAME	Daniels, Jamie		1.2 NAME		
STREET ADDRESS	1516 WHITEHALL DR STE 202		•		
CITY-ST-ZIP		1	1.3 STREET ADDRESS		
OTHER P	ft lauderdale fl		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE	FT LAUDERDALE FL DVS	DELETE			☐ Change ☐ Addition
	DVS Chacon, Denise	DELETE	1.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE	DVS Chacon, Denise 1516 Whitehall DR STE 202	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE NAME	DVS Chacon, Denise	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	DVS Chacon, Denise 1516 Whitehall DR STE 202	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition  Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Chacon, Denise 1516 Whitehall DR STE 202	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DVS Chacon, Denise 1516 Whitehall DR STE 202	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Chacon, Denise 1516 Whitehall DR STE 202	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DVS Chacon, Denise 1516 Whitehall Dr Ste 202	DELETE  DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DVS Chacon, Denise 1516 Whitehall Dr Ste 202	DELETE  DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Chacon, Denise 1516 Whitehall Dr Ste 202	DELETE  DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition  Change Addition  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	DVS Chacon, Denise 1516 Whitehall Dr Ste 202	DELETE  DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Chacon, Denise 1516 Whitehall Dr Ste 202	DELETE  DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition  Change Addition  Change Addition

14. I 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 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 in changed, or on an attachment with an address.

**FILED** 

May 01 1998 8:00am

Secretary of State