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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 30 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V37838

(8)

CREA	TIVE MARKETING AND PU	IBLISHING, INC.			
Principal Plac	ce of Business	Mailing Address			
	LANTIC AVENUE	2023 N. ATLANTIC AVE	NI JE		
136	CANTIC AVENUE	2023 N. ATLANTIC AVE	NUC		
COCOA BEACH FL 32931 COCOA BEACH FL 329		31	DO NOT WRITE IN	THIS SPACE	
ยร		US		3. Date Incorporated or Qualified	
				05/21/1992	· · · · · · · · · · · · · · · · · · ·
 -	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt.	# stc	Suite, Apt, #, etc.		59-3124604	Not Applicab
22	. #, 6tG.	27		5. Certificate of Status Desired	Section 4 Sectio
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Added to Fees
Zip	Country	Zlp	Country	8. This corporation owes or has paid	
24	25	29	30	Personal Property Tax due June 30	~~~
	g. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Regis	stered Agent
K	AREN E MORTON		81 Name		
20	23 N ATLANTIC AVE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ડા	JITE 136				<u> </u>
C	OCOA BCH. FL 32931		83		
			84 City		85 Zip Code
			111		
office or a agent. I a	to the provisions of Sections 607.03 registered agent of both, in the Sta am familiar with, and accept the obl	502 and 607,1508, Florida Statul tie of Florida. Such change was ligations of, Section 607,0505, Fl	tes, the above-named cor authorized by the corpora orida Statutes.	rporation submits this statement for the puration's board of directors. I hereby accept to	pose of changing its registered he appointment as registered
		111-21-			1. 22 00
SIGNATURE	Jan 5 1	11071000			1-22-98
	Signature typed or printed name of registered a	11071000	E: Ragistered Agent signature requ		1- 22-98 DATE
SIGNATURE	Signature typed or printed name of registered a	egent and title if applicable. (NOT	E: Registered Agent signature requ	ulred when reinstating)	1- 22-98 DATE
SIGNATURE	Signature Typed or printed name of redistered of OFFICERS A	egent and tide if applicable. (NOT	E: Registered Agent signature requ	ulred when reinstating)	1-22-98 DATE RS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature Apped or printed name or registered a OFFICERS A	egent and life if applicable. (NOT NOT DIRECTORS DELETE	E: Registered Agent signature requests 13.	ulred when reinstating)	1-22-98 DATE RS AND DIRECTORS IN 12
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IGNATURE: 314NATO 1-22-98 407-722-07

14. Thereby certify that the Information supplied with this filling 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 sectiver or truestee 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 promain attachment with an address.