


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

FILED

Apr 07 1997 8:00am  
Secretary of State

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

**DOCUMENT # 857068 (1)**  
 1. Corporation Name  
**CREATIVE FOOD 'N FUN COMPANY**

Principal Place of Business <b>3715 NORTHSIDE PARKWAY, NW</b> <b>ONE TOWN CENTER RD</b> <b>ATLANTA GA 30327</b> <b>US</b>	Mailing Address <b>C/O W R GRACE &amp; CO</b> <b>1 TOWN CENTER RD</b> <b>BOCA RATON FL 33486-1002</b> <b>US</b>
---	---



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		<b>3. Date Incorporated or Qualified</b> <b>07/12/1983</b>	<b>3a. Date of Last Report</b> <b>04/15/1996</b>
		<b>4. FEI Number</b> <b>58-1505881</b>		Applied For Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>THE PRENTICE-HALL CORPORATION SYSTEM INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
--	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTE, B. A.	1.2 NAME	
STREET ADDRESS	ONE TOWN CENTER RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	VPO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAGY, AKOS L	2.2 NAME	
STREET ADDRESS	ONE TOWN CNTR RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMM, ROBERT B	3.2 NAME	
STREET ADDRESS	ONE TOWN CENTER RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice President and Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUCHIN, PETER D.	4.2 NAME	Paul McMahon
STREET ADDRESS	ONE TOWN CENTER RD	4.3 STREET ADDRESS	One Town Center Road
CITY - ST - ZIP	BOCA RATON FL	4.4 CITY - ST - ZIP	Boca Raton, FL 33486
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMESON, CRAIG E	5.2 NAME	
STREET ADDRESS	ONE TOWN CENTER RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOHNKEN, DONALD H	6.2 NAME	Timothy M. Orem
STREET ADDRESS	ONE TOWN CENTER RD	6.3 STREET ADDRESS	One Town Center Road
CITY - ST - ZIP	BOCA RATON FL	6.4 CITY - ST - ZIP	Boca Raton, FL 33486

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 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, if changed, or on an attachment with an address.

SIGNATURE: Timothy M. Orem **Timothy M. Orem, Assistant Treasurer** 3/19/97 561-362-1346  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**CREATIVE FOOD 'N FUN COMPANY**  
**One Town Center Road**  
**Boca Raton, Florida 33486-1010**

**DIRECTORS:**

Larry Ellberger  
Akos L. Nagy  
Bernd A. Schulte

**OFFICERS:**

Bernd A. Schulte  
Paul McMahon  
Akos L. Nagy  
Robert B. Lamm  
Craig E. Jameson  
Timothy M. Cremin

President  
Vice President & Treasurer  
Vice President  
Secretary  
Assistant Secretary  
Assistant Treasurer

The address for the above directors and officers is the same as the heading