

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

**FILED**

**Apr 15 1997 8:00am  
Secretary of State**

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

**DOCUMENT # F93000002407 (5)**

1. Corporation Name  
**CREATIVE GROVES, INC.**



Principal Place of Business <b>1833 N. HOWARD LAKE DRIVE WINTER HAVEN FL 33881</b>	Mailing Address <b>1833 N. HOWARD LAKE DRIVE WINTER HAVEN FL 33881</b>
---	---

3. Date Incorporated or Qualified <b>05/12/1993</b>	3a. Date of Last Report <b>04/10/1996</b>
4. FEI Number <b>35-1559937</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent <b>KRUEGER, DOROTHY 1833 N. HOWARD LAKE DRIVE WINTER HAVEN FL 33881</b>		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
		85. Zip Code	<b>FL</b>

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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Bd. of Dir.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GUERRANT, WILLIAM G</b>	1.2 NAME	<b>Eric Krueger</b>
STREET ADDRESS	<b>25590 NORTH SHORE DRIVE</b>	1.3 STREET ADDRESS	<b>2056 Dawn Dr.</b>
CITY-ST-ZIP	<b>ELKHART IN 46514</b>	1.4 CITY-ST-ZIP	<b>Clearwater, FL 34623</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRUEGER, AME P</b>	2.2 NAME	
STREET ADDRESS	<b>1833 N. HOWARD LAKE DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRUEGER, DOROTHY</b>	3.2 NAME	
STREET ADDRESS	<b>1833 N. HOWARD LAKE DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	3.4 CITY-ST-ZIP	
TITLE	<b>Bd. of Dir.</b> <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Addition	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dennis and Linda Krueger</b>	4.2 NAME	
STREET ADDRESS	<b>101 Caribe Isle</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Novato, CA 94949</b>	4.4 CITY-ST-ZIP	
TITLE	<b>Bd. of Dir.</b> <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Addition	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Amy Jo and Mike Lippe</b>	5.2 NAME	
STREET ADDRESS	<b>48 Salvador Ln.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>San Rafael, CA 94903</b>	5.4 CITY-ST-ZIP	
TITLE	<b>Bd. of Dir.</b> <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Addition	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Holly Krueger-Togneri</b>	6.2 NAME	
STREET ADDRESS	<b>28 Bethune St.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NY, NY 10014</b>	6.4 CITY-ST-ZIP	

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: Dorothy Krueger Date: 4-10-97 Daytime Phone #: 941-299-1214

CR2E034 (9/96)