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

Mailing Address

PROFIT
CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

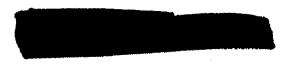
DOCUMENT # K28244

Corporation Name

OREATWE-SHOOD MANAGEMENT HIS XX

Creative Choice IV Limited, Inc.

(7) N/C 12/2 7/90 FILED
May 06 1997 8:00am
Secretary of State



% DILIP S. BAROT 4243 NORTHLAKE BLVD. STE D PALM BEACH GARDENS FL 33410 US			4243 NORTHLAKE BLVD. STE D PALM BEACH GARDENS FL 33410-6276		3. Date incorporated or Qualified 07/13/1988	3a. Date of Last Report 04/08/1996
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	26		65-0068239	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	——————————————————————————————————————		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State	,		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Coun		8. This corporation has liability for in	
24 -	25	29	30			Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
BAR	OT, DILIP S.			81 Name		
4242 NORTHLAKE BLVD.			ļ	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE D			L			
PALM BEACH GARDENS FL 33410			ľ	83		
				84 City		FL 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 Signature, typed or princed harre of legistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
12.		ICERS AND DIRECTORS	JIE: Hegistered	Agent signature	ADDITIONS/CHANGES TO OFFICE	DATE  EDG AND DIDECTORS IN 12
101LF	D	DELETE	1.1 717		Senio Vice President	Change Addition
NAME	BAROT, DILIP S.		1.3 MA		John F. Weir	TT crande TR vontion 9
STREET ADDRESS	ANA MODELLAND DINE OF D				4243-D Northlake Blvd.	·
	PALM BEACH GARDI			EET ADORESS	Palm Beach gardens, FL	33410 以
CITY-ST-7IP	I ALIII DENOIT GATIO	☐ DELETE	1.4 CR 2.1 TITI	Y-ST-ZIP	Vice President	Change Addition  Change Addition  Change Addition
NAME		beer	2.7 NA		Timothy P. Wheat	E Change Le Acceton
·					4243-D Northlake Blvd.	
STREET ADDRESS				EET ADDRESS	Palm Beach Gardens, FL	33410
City-St-7P		DELETE		Y-ST-ZIP	Secretary	Change Addition
TILE		L. DEREIE	3.1 TIT		Anitra D. Lanczi	C Change C Addition
NAME			3.2 NAI		4243-D Northlake Blvd.	
STREET ADDRESS			1	EET ADDRESS		22410
CHY-ST-ZIP		D prime		Y-ST-ZIP	Palm Beach Gardens, FL	
TITLE		☐ DELETE	4 1 TIT	•	Treasurer	Change Addition
NAME			4 2 NA		Bruce W. Adams	
STREET ADDRESS			43 STF	EET ADDRESS	4243-D Northlake Blvd.	•
CITY-SI-2iF				Y-ST-ZIP	Palm Beach Gardens, FL	
TOTLE		DELETE	5.1 TiT(	.E		Change Addition
NAME.			5.2 NAI	AE.		/ Dr. /W \
STREET ADDRESS			5.3 STF	EET ADDRESS		Am W
CHY-\$1-ZIP			5.4 CIT	Y-ST-ZIP		1 3/10//
TITLE		DELETE	61 TITI	.E		Change Investution
NAME			6.2 NAJ	AE 3N	10000217	8961 ( )
STREET ADDRESS			6.3 STR	EET ADDRESS	10000217 -05/14/970111	3กัด
CITY-S1-ZIP			6.4 CIT	Y-ST-ZIP	**************************************	0.010
14. 1 do hereb	ov certify that the information	on supplied with this filing does not gua			tated in Section 119.07(3)(i). Florida Statutes	I further certify that the

1. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 of 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 in an attachment with an address.

SIGNATURE:

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

(501) war-7988