

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

FILED

May 12 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
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**DOCUMENT # K64575 (9)**  
 1. Corporation Name  
**THE CAPITAL CREATION CO., INC.**



Principal Place of Business <b>5355 TOWN CENTER RD</b> <b>SUITE 802</b> <b>BOCA RATON FL 33486</b> <b>US</b>	Mailing Address <b>5355 TOWN CENTER RD.</b> <b>SUITE 802</b> <b>BOCA RATON FL 33486-1069</b> <b>US</b>
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3. Date Incorporated or Qualified <b>02/09/1989</b>	3a. Date of Last Report <b>07/23/1996</b>
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2. Principal Place of Business <b>21 1489 W. Palmetto Pk. Rd.</b> Suite, Apt. #, etc. <b>22 Suite 455</b> City & State <b>23 Boca Raton, FL</b> Zip <b>24 33486</b>	2a. Mailing Address <b>26 1489 W. Palmetto Pk. Rd.</b> Suite, Apt. #, etc. <b>27 Suite 455</b> City & State <b>28 Boca Raton, FL</b> Zip <b>29 33486</b>	4. FEI Number <b>65-0171931</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOTTLIEB, ALLYNE**  
**5355 TOWN CENTER RD.**  
**SUITE 802**  
**BOCA RATON FL 33486**

81 Name <b>Allyne M. Gottlieb</b>	85 Zip Code <b>33433</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>21347 Harrow Court</b>	
83	
84 City <b>Boca Raton</b>	85 State <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 obligation of, Section 607.0605, Florida Statutes.

SIGNATURE *Allyne M. Gottlieb* DATE **4-29-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DC</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GOTTLIEB, ALLYNE</b>		1.2 NAME	
STREET ADDRESS <b>21347 HARROW CT</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GOTTLIEB, ALLYNE</b>		2.2 NAME	
STREET ADDRESS <b>21347 HARROW CT</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Allyne M. Gottlieb* DATE: **4/29/97** DAYTIME PHONE: **561 394-2535**

CR2E034 (9/96)