

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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000028582 (0) *nk 1/6/98*
1. Corporation Name
CCH ALABAMA II, INC. NAME CHANGED TO:
CREATIVE DEVELOPMENT, INC.

Principal Place of Business 4243 NORTHLAKE BLVD STE D PALM BEACH GARDENS FL 33410	Mailing Address 4243 NORTHLAKE BLVD STE D PALM BEACH GARDENS FL 33410
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0663772	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BAROT, DILIP 4243 NORTHLAKE BLVD STE D PALM BEACH GARDENS FL 33410				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

#1. 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAROT, DILIP			1.2 NAME	Barot, Dilip		
STREET ADDRESS	4243 NORTHLAKE BLVD STE D			1.3 STREET ADDRESS	4243-D Northlake Blvd.		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410			1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410		
TITLE	SVP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEIR, JOHN F			2.2 NAME			
STREET ADDRESS	4243 NORTHLAKE BLVD STE D			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHEAT, TIMOTHY P			3.2 NAME			
STREET ADDRESS	4243 NORTHLAKE BLVD STE D			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANCZI, ANITRA D			4.2 NAME			
STREET ADDRESS	4243 NORTHLAKE BLVD STE D			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410			4.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, BRUCE W			5.2 NAME			
STREET ADDRESS	4243 NORTHLAKE BLVD STE D			5.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410			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 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: *Anitra D. Lanczi* Secy *Anitra D. Lanczi* 1-13-98 561-627-7988 ext. 14

CR2E034 (10/97)