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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1998	DIVISION OF CO	ORPORATIONS	Secretary	or State
DOCUI 1. Corporation		0017037 (7)			
Principal Place	e of Business	Mailing Address		{ 10011001: 110 10111 10011 00111 00111 00111 00111	// 1/ 9 // /20 // 40/06 //// /83/ /69 /
Principe) Place of Business ATTENTION: W. ANDREW HODGE, M.D. 1411 N. FLAGER DR. #9800 WEST PALM BEACH FL 33401 Mailing Address ATTENTION: W. ANDREW HO 1411 N. FLAGER DR. #9800 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 3340			HODGE, M.D.		
			00	DO NOT INDITE IN TH	HO ODACE
			3401	DO NOT WRITE IN TH	TIS SPACE
				02/21/1997	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#. elc.	Suite, Apt. #, etc.		65-0730286	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	} \	30	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible
	g. Name and Address of Curren			10. Name and Address of New Register	
CORPORATE CREATIONS ENTERPRISES, INC. 81 Name					
4504 BOA BUSD - 4044			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
			02		
			84 City		EL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutos	s, the above-named core	poration submits this statement for the purpos tion's board of directors. I hereby accept the	— : :
office or re ag ent: I a	egistored agent, or both, in the State m familiar with, and accept the obliga	of Horida. Such change was au ations of, Section 607.0505, Flor	ithorized by the corporal ida Statutes.	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE					
12,00	Signature, typind or printed nation of registered ago OFFICERS AN		Registered Agent signalure requi	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1,1 TITLE	ABBITIONO/OT/ANGEO TO OFFICE ITO	Change Addition
NÀME	HODGE, W. ANDREW M.D.		1.2 NAME		
STREET ADDRESS	1411 N. FLAGLER DR. #9800		1.3 STREET ADDRESS		
CITY-ST y zip	WEST PALM BEACH FL 3340		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME Street Address			2.2 NAME		
CITY-SI-ZIP			2.3 STREET ADDRESS 2.4 CHY-SI-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		T OF SEE	3.4. CITY-ST-ZIP		70
TITLE		DELETE	4 1 TITLE		Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREE1 ADDRESS		
CITY-S1-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	61 1111.6		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		}
CITY-ST-ZIP			6.4 CITY - ST - ZIP		I

14. Thereby 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 angual report is true and accurally 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:

FILED

Feb 18 1998 8:00am

Secretary of State