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

FILED Feb 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000083881 (7) CREATIVE CHOICE, INC. Mailing Address Principal Place of Business 1300 SOUTHWEST 17TH STREET 1300 SOUTHWEST 17TH STREET **BOCA RATON FL 33486 BOCA RATON FL 33486** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/25/1997 2a. Mailing Admess 2. Principal Place of Business Applied For 26 150 JULIT Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 09 Yes Yes 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SHUPACK, ROBERT A 1300 SOUTHWEST 17TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486** 83 City 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 Floridia Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or project came of regalico-stage of and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE. -Addition 1.1 TITLE Change TITLE SHUPACK, ROBERT A 1.2 NAME NAME 1300 SOUTHWEST 17TH STREET 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP 1.4 CHTY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE 5 1 TITLE Change Addition TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5 4 CITY-ST-ZIP

DELETE

61 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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TITLE

NAME

STREET ADDRESS

14. I hereby certify that the information supplied with this filing d indicated on this annual report or supplemental annual report officer or director of the corporation or the receiver or truster Block 12 or Block 13 if changed, or or an attachment with a

CITY-ST-7IP

Change

Addition