

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:42

DOCUMENT # J40979 (3)
1. Corporation Name
COST CONTAINMENT CONSULTANTS, INC.

Principal Place of Business Mailing Address
101 SUNNYTOWN ROAD, STE 212 **101 SUNNYTOWN ROAD, STE 212**
CASSELBERRY FL 32707 **CASSELBERRY FL 32707**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
11/05/1986 **05/01/1994**

4. FEI Number Applied For
59-2741476 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **120 International Pkwy** 26 **P. O. Box 952679**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Suite 170** 27

City & State City & State

23 **Lake Mary, FL** 28 **Lake Mary, FL**

Zip Country Zip Country

24 **32746** 25 29 **32795** 30

9. Name and Address of Current Registered Agent

GARBER, JUDITH A.
101 SUNNYTOWN RD., STE.201
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

B1 Name **Judith A. Garber**

B2 Street Address (P.O. Box Number is Not Acceptable)
120 International Pkwy

B3 **Suite 170**

B4 City **Lake Mary,** FL B5 Zip Code **32746**

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: *Judith A. Garber* DATE: **March 20, 1995**

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	GARBER, JUDITH A.
STREET ADDRESS	101 SUNNYTOWN RD, STE 201
CITY - ST - ZIP	LONGWOOD FL
TITLE	D
NAME	GARBER, JUDITH A.
STREET ADDRESS	101 SUNNYTOWN RD, STE 201
CITY - ST - ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1001 Ferne Drive
1.4 CITY - ST - ZIP	Longwood, FL 32750
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1001 Ferne Drive
2.4 CITY - ST - ZIP	Longwood, FL 32750
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 recorder 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 addendum with an address.

SIGNATURE: *Judith A. Garber* DATE: **March 20, 1995** (407) 333-4465