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PROFIT CORPORATION ANNUAL REPORT



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

1996

565945

(3)

DOCUMENT #

1. Corporation Name COC DDECC INC



UNC PR	E35, INO.							
Principal Place o	of Business	Mailing Address				AIPI AIAII AIAII	#1#11 #1E	EF MINIT ALAST INDI
2000 CORPOR/ BOGA RATON	ATE BLVD NW FL 33431	2000 CORPORATE BLVI BOCA RATON FL 33431						
					Date Incorporated or Qualified 01/31/1978	3a. Date 04	of Last /28/1	995
2. Principal Plac	ne of Business	2a. Mailing Address			4. FEI Nuniber		\vdash	Applied For
21		26			34-0141330			Not Applicable
Suite, Apt. #,	, etc	Suite, Apt #, etc.			5. Certificate of Status Desired			75 Additional e Required
22		27			6. Election Campaign Financing	····		.00 May Be
City & State		Oity & State			Trust Fund Contribution			ded to Fees
23	Country	Zip	Country		8. This corporation has liability for	intangible ta	x under	s 199.032,
Zip 24	25	29	30		Florida Statutes	□ No		
<u> </u>	9. Name and Address of Curre				10. Name and Address of New F	Registered A	Agent	
			81 Na	me				
HURLEY, MARY L			82 Sti	eet Addre	ss (P.O. Box Number is Not Acceptab	ole)		
2000 CO	RPORATE BLVD NW							
	ATON FL 33431		83					
200			84 01	v		P*1	85	Zip Code
				· 	ation submits this statement for the purific of directors. Thereby accept the app	FL		to assistance office
12.	·	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		DIHEC Chari	
TIFLE	VT	☐ DELETE	1.1101.5	İ		L		ge
NAME	HURLEY, MARY	21	1.2 NAME 1.3 STHELT ADDI	atec				
STREET ADDRESS	2000 CORPORATE BLVD NV	N .	1 4 City St-Zin	1				
CITY - ST - ZIP	BOCA RATON FL PD	T DELETE	2 1 THLF	 		[Chan	ge 🔲 Addition
TITLE	GRANT, ROBERT	<u>_</u>	2.2 NAME					
NAME STREET ADDRESS	2000 CORPORATE BLVD N	N	23 STHEET ADD	RESS				
CITY-ST-ZIP	BOCA RATON FL		2.4 City - ST - Zii	>				
TITLE	D	☐ DELETE	3 1 1111.6				Chan	ige 🔲 Addition
NAME	CLIFFORD, PATRICK		3.2 NAME					
STREET ADDRESS	2000 CORPORATE BLVD N	W	33 STREET ADD					
CITY - ST - ZIP	BOCA RATON FL	F3 00 57	3.4 CHY ST-ZI	P			Char	nge 🔲 Addition
TITLE	V	☐ DETELF	4 1 TITLE					
NAME	YORK, THOMAS A.	11	4.2 NAME	insee				
STREET ADDRESS	2000 CORPORATE BLVD N	₩	4.3 STREET ADD					
CITY - ST - ZIP	BOCA RATON FL	DELETE	44 CITY - \$1 - ZI				Char	nge 🔲 Addition
TITLE	V LEWIS BETH A	E.J Secon	5 2 NAME					
NAME OFFICE APPRIESS	LEWIS, BETH A 2000 CORPORATE BLVD N	w	\$3 STREET ADD	B8SS				
STREET ADDRESS	BOCA RATON FL	111	5.4 CiTy - S1 - 7					
CITY - ST - ZIP TITLE	D BOOK HATON FL	DELETE	6 1 THTLE				Cha	nge 🔲 Addition
NAME	JOHNSON, EDWARD	_	€ 2 NAME					
STREET ADDRESS	2000 CORPORATE BLVD		6.3 STREET ADS	DRESS				
CHTY-ST-ZIP	BOCA RATON FL		64 Cify S' - 7	.р	for the exemption stated in Section 11	0.02/0/04 5	lasida C	tabilitas I fortbar
			mistra di prodi doppi e	at aughter	escana exemption stated in Section 11	SECURCION FOR	หมเปลเอ	rarutes, i tururer

14. To hereby certify that the information supplied with the fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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 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 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 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 certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated in this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated in this annual report is true and accurate and that my signature shall have the same legal effect as if made under the information indicated in the same legal effect as if made under the information indicated in the same legal effect as if made under the information indicated in the same legal effect as if made under the information indicated in the information indicated in the same legal effect as if made under the information in

SIGNATURE:

Marie PRINTED NAME OF SIGNING OFFICER OF DIRECTOR