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 13 PM 2:57

DOCUMENT # 637438 (3)

1. Corporation Name
C C CREDIT CORPORATION, INC.

Principal Place of Business	Mailing Address
501 BROADWAY POINT PLEASANT BCH. NJ 08742	501 BROADWAY POINT PLEASANT BCH. NJ 08742

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2458 HERRON TERR.	26 2458 Herron Terr
22 Suite, Apt. #, etc. PORT CHARLOTTE	27 Suite, Apt. #, etc. PORT CHARLOTTE
23 City & State FL.	28 City & State FL.
24 Zip 33981 25 County CHARLOTTE	29 Zip 33981 30 County CHARLOTTE

3. Date Incorporated or Qualified: 09/25/1979
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-1939904 ☐ Applied For ☐ 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

9. Name and Address of Current Registered Agent

COOPER, MARGARET L.
505 S FLAGLER DR, STE 1100
WEST PALM BEACH FL 33402

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

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 ____________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	DPS ☑ Change ☐ Addition
NAME	CERBONE, CHARLES	12 NAME	CERBONE CHARLES
STREET ADDRESS	4496 WOODFIELD BLVD	13 STREET ADDRESS	2458 HERRON TERR
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	PORT CHARLOTTE FL. 33981
TITLE	T	21 TITLE	T ☑ Change ☐ Addition
NAME	CERBONE, CHARLES	22 NAME	CERBONE CHARLES
STREET ADDRESS	4496 WOODFIELD BLVD	23 STREET ADDRESS	2458 HERRON TERR.
CITY ST ZIP	BOCA RATON FL	24 CITY ST ZIP	PORT CHARLOTTE FL. 33981
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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 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: Chas Cerbone Pres. 4/5/95 813-691-9384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARLES CERBONE

0404309 FN