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Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 637438

(3)

1. Corporation Name  
C C CREDIT CORPORATION, INC.



Principal Place of Business  
2458 HERRON TERRACE  
PORT CHARLOTTE FL 33981  
US

Mailing Address  
2458 HERRON TERRACE  
PORT CHARLOTTE FL 33981-1001  
US

3. Date Incorporated or Qualified 09/25/1979  
3a. Date of Last Report 03/01/1996

2. Principal Place of Business  
21 3841 TAMIAH TRAIL  
Suite, Apt. #, etc.

2a. Mailing Address  
26 Suite, Apt. #, etc.

4. FEI Number 59-1839904  
Applied For  
Not Applicable

22  
23 Port Charlotte FL

27  
28 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33946 25 Port Charlotte

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPS  
CERBONE, CHARLES  
2458 HERRON TERRACE  
PORT CHARLOTTE FL  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
CERBONE, CHARLES  
2458 HERRON TERRACE  
PORT CHARLOTTE FL  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
CERBONE, MAUREEM  
2858 HERRON TERRACE  
PORT CHARLOTTE FL  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Change Addition  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
Change Addition  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
Change Addition  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
Change Addition  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
Change Addition  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
Change Addition

14. I do hereby 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

941-766-9688

CR2E034 (9/96)