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May 19 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 # F93000002075 (0)

1. Corporation Name
CC FT. LAUDERDALE, INC.



Principal Place of Business

200 NORTH BERRY STREET
BREA CA 92621-3903

Mailing Address

200 NORTH BERRY STREET
BREA CA 92621-3903

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

3. Date Incorporated or Qualified

05/04/1993

3a. Date of Last Report

06/25/1996

4. FEI Number

33-0573552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

4/22/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☒ DELETE
NAME ANDERSON, STEPHEN P.
STREET ADDRESS 200 NORTH BERRY ST
CITY-ST-ZIP BREA CA

1.1 TITLE CEO, D ☐ Change ☒ Addition
1.2 NAME Philip M. Hawley
1.3 STREET ADDRESS 200 North Berry Street
1.4 CITY-ST-ZIP Brea, CA 92821

TITLE VSTD ☒ DELETE
NAME DELITTO, THOMAS M
STREET ADDRESS 900 THIRD AVENUE
CITY-ST-ZIP NEW YORK NY

2.1 TITLE CFO, D ☐ Change ☒ Addition
2.2 NAME Robert A. Burton
2.3 STREET ADDRESS 200 North Berry Street
2.4 CITY-ST-ZIP Brea, CA 92821

TITLE D ☒ DELETE
NAME SHARPE, ROBERT G.
STREET ADDRESS 1731 TECHNOLOGY DR., #690
CITY-ST-ZIP SAN JOSE CA

3.1 TITLE S.A. ☐ Change ☒ Addition
3.2 NAME Judith O. Lasker
3.3 STREET ADDRESS 200 North Berry Street
3.4 CITY-ST-ZIP Brea, CA 92821

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Judith O. Lasker, Secretary

(714) 990-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)