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PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # F9400001771 (4)

CCC OF FLORIDA, INC.

Principal Place of Business Mailing Address 197 FIRST AVE. 197 FIRST AVE. NEEDHAM MA 02192 NEEDHAM MA 02194-2812 3. Date Incorporated or Qualified 3a, Date of Last Report 04/07/1994 04/25/1996 2. Principal Place of Business 4. FEI Number 2a, Mailing Address Applied For 26 04-3227232 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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, typod or printed name of registered agent and title it applicable (NOT): Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DILLETE ✓ Change TITLE 1.1 TITLE Abrilham D. Gosman GOSMAN, ABRAHAM D NAME 1.2 NAVE 197 First Ave. 197 FIRST AVE. STREET ADORESS 1.3 STREET ADDRESS Needham MA OZAY NEEDHAM MA CITY-ST-ZIP 1.4 CITY - \$1 - 7IP DELETE James M. clary, III # Addition Change TITLE 2.1 1111.8 GOSMAN, MICHAEL M NAME 2.2 NAME 197 FIRST AVE 197 FIRST AVE. STREET ADDRESS 2.3 STREET ADDRESS Necdham, MA 02194 NEEDHAM MA 02192 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Frederick A. Jeathers TITLE 3.1 THILE Change Addition **BOHNEN, MICHAEL J** NAME 3.2 NAME 197 FIRST AVE 197 FIRST AVE. STREET ADDRESS 3.3 STREET ADDRESS Neathorn, MA 0194 NEEDHAM MA 02192 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE Change Addition 4.1 1111.6 LEATHERS, FREDERICK NAME 4. 2 NAME 197 FIRST AVE. STREET ADDRESS 4.3 STREET ADDRESS NEEDHAM MA CITY-ST-ZIP 4.4 CITY - ST- 7IP DELETE TITLE 5.1 TITLE \_\_\_ Change Addition MANN, RICHARD S. 5.2 NAME 197 FIRST AVE STREET ADDRESS 5.3 STREET ADDRESS NEEDHAM MA CITY-ST-ZIP 5.4 CITY - S1 - ZIP DEFELE ☐ Change Addition TITLE 6.1 THLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling 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 I franced, shown an afactment with an address.

SIGNATURE: