FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500006218 (0)

CCX OF NORTH CAROLINA, INC.

Principal Place of Business

Mailing Address

1901 ROXBOROUGH ROAD, SUITE 205 CHARLOTTE NC 28211 1901 ROXBOROUGH ROAD. SUITE 205 CHARLOTTE NC 28211-3482

FILED Jan 23 1997 8:00am Secretary of State



							3. Date Incorporated or Qualified 12/21/1995		e of Last f 107/199		
2, Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For		
21		26					13-5656334		N	ot Applicable	
Suite, Apt #	f, etc	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Required		
			& State				6. Election Campaign Financing		\$5.00	May Be	
23		28	28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Zip Cour			8. This corporation has liability for intangible tax under s. 199.032,					
24	25	29	30				Florida Statutes				
9. Name and Address of Current Registered Agent					,,,	10. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY					Nam	е					
1201 HAYS STREET											
TALLAHASSEE FL 32301-2525				87	82 Street Address (P.O. Box Number is Not Acceptable)						
MULANADEE PL 32301-2023				8:	·						
					<u> </u>						
				84	City			P-1	85 Zip	Code	
*****					<u></u>			<u>FL</u>	<u> </u>		
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 Typics or prosted name of registered a jero and table if applicable (NOTE Registered Agent signature required when reinstating) DATE OPTION OF THE PROPERTY OF THE PROPE											
12.	OFFICERS AND		(HOTE	13.	Jen K ziği kan	me require	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	
TITLE	PO		DELETE	1.1 TITLE		T	ADDITIONATION AND TO OFFICE		Change	Addition	
NAME	RINALDI, RICHARD A			1.2 NAME				•			
	4004 DOVDODOLIOU DOAD CHITE OOS					_				Į į	
STREET ADDRESS	CHADIOTTE NO 00011				1.3 STREET ADDRESS					ļį	
CITY ST ZIP			DCI CTC	1.4 CITY		_			01	I dedicate	
THILE	D WOOD W FOWARD		DELETE	2.1 TITLE				(Change	Addition C	
NAME	WOOD, W. EDWARD				2.2 NAME					ŀ	
STREET ADDRESS					T ADORES	S .				ļ.	
C:TY - ST - ZIP	CHARLOTTE NC 28211			2. 4 CITY	- ST - ZIP						
TITLE	D		DELETE	3 1 TITLE					Change	Addition	
NAMÉ	MCGILLICUDOY, DENNIS J			3.2 NAME							
STREET ADDRESS	1901 ROXBOROUGH ROAD,	SUITE 205		33 STRE	ET ADDRES	s				Ì	
CITY - S1 - 71P	CHARLOTTE NC 28211			3 4. CITY						ł	
TOTLE	D		DELETE	4.1 TITLE					Change	Addition	
NAME	MAGRATH, GEOFFREY T			4. 2 NAM							
STREET ADDRESS	1901 ROXBOROUGH ROAD.	SUITE 205			et adores					\ \	
	CHARLOTTE NC 28211					٠					
CITY-ST-ZIP	VST VST		DELETE	4.4 CITY 5.1 TITLE					Change	Addition	
TOTLE		L	DEFFIE						mi oliande	LODINOII	
NAME	FEENEY, FRANCIS X	CLUTE OOF		5.2 NAME		1				-	
STREET ADDRESS	1901 ROXBOROUGH ROAD,	3UITE 203		5.3 STRE	ET ADDRES	S				1	
CITY-ST-ZIF	CHARLOTTE NC 28211			5.4 CITY							
TITLE			DELETE	6.1 TITLE					Change	Addition	
NAME				6 2 NAM	E					1	
STREET ADDRESS				6.3 STRE	et addres	s					
CITY-ST-ZIP				6.4 CITY						1	
	and the third the information negation	t with this filing do	an not avalify				in Continu 110 07(2)(i) Etarida Statuta	a Lévethor	continu the	+ th c	

i. 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

/~/3.97 Date (704) 365-0560 Daytine Phone #

0009779