


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

FILED

Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001743 (0)
 1. Corporation Name
C.C.C. COMMUNICATIONS CORPORATION



Principal Place of Business 4403 S.E. 16TH PLACE, STE #1 CAPE CORAL FL 33904	Mailing Address 4403 S.E. 16TH PLACE, STE #1 CAPE CORAL FL 33904
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4417 S.E. 16th Place Suite, Apt. #, etc. 22 Suite #11 City & State 23 Cape Coral, FL Zip 24 33904		2a. Mailing Address 26 4417 S.E. 16th Place Suite, Apt. #, etc. 27 Suite #11 City & State 28 Cape Coral, FL Zip 29 33904		3. Date Incorporated or Qualified 04/04/1997	
4. FEI Number 33-0739287		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
g. Name and Address of Current Registered Agent CHUBOKAS, TOM C 4403 S.E. 16TH PLACE, STE #1 CAPE CORAL FL 33904		10. Name and Address of New Registered Agent 81 Name Tom Chubokas 82 Street Address (P.O. Box Number is Not Acceptable) 4417 S.E. 16th Place, Suite #11 83 City Cape Coral, FL 84 Zip Code 33904			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUBOKAS, TOM C	1.2 NAME	Tom Chubokas
STREET ADDRESS	4403 S.E. 16TH PLACE, STE #1	1.3 STREET ADDRESS	4417 S.E. 16th Place, #11
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	VSTD <input type="checkbox"/> DELETE	2.1 TITLE	VSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, JAMES C	2.2 NAME	James C. Watson
STREET ADDRESS	4403 S.E. 18TH PLACE, STE #1	2.3 STREET ADDRESS	4417 S.E. 16th Pl., #11
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILPOV, TATIANA	3.2 NAME	Dale M. Lewis
STREET ADDRESS	2880 COLUMBIA STREET	3.3 STREET ADDRESS	4417 S.E. 16th Pl., #11
CITY-ST-ZIP	VANCOUVER B.C.	3.4 CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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]* **Tom Chubokas** 4/6/98 941-540-8440

CR2E034 (10/97)