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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700004023 (4)

CCC OF MELBOURNE, INC.

FILED May 15 1998 8:00am Secretary of State

		•					
Principal Place of Business Mailing Address				- F ESDANDO ARIO IDIA IDDIA DERIA DOLLA BURAL BURAL DORIN GIRRA I	[B		
777 SOUTH FLAGLER DR., STE. 1000E 777 SOUTH FLAGLER DR				STE. 1000F			
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 3				101			
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 07/31/1997		
2. Principa	al Place of Business	2a. Mailing Address	·		4. FEI Number	Applied For	
21 26					APPLIED FOR 65-0770130	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					· · - · - · · · · · · · · · · · · · ·	.75 Additional	
22					5. Certificate of Status Desired F	ee Required	
23 City & S	City & Stato City & Stato					5.00 May Be	
Zip	Country Zip Cou		Count			dded to Fees	
24	25	29	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 81							
1200 \$O UTH PINE ISLAND ROAD				2 Street Addr	ddress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324				- Circe Moor	Address (F.O. Box Mulliper is Not Acceptable)		
			8:	3			
			84	\$ City	85	Zip Code	
					₽ .	· i	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride 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.							
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATUR	E Signature, typed or printed name of registered a		Port Device of A		ed whon reinstating) DATE		
12.		ND DIRECTORS	13.	Jour eignatore reden	ad whon reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12	
TITLE	CP	DELETE	1.1 TITLE		Ch		
NAME GOSMAN, ABRAHAM D		1.2 NAME					
STREET ADDRESS 777 SOUTH FLAGLER DR., STE. 1000E			1.3 STREE	I ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		1.4 CITY-	S1 - ZIP			
TITLE	VI DELETE		2.1 TITLE		Ch	ange 🔲 Addition C	
NAME	ACT CIDOT AVE		22 NAME			1	
	197 FIRST AVE. NEEDHAM MA 02194		2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE			2. 4 CITY	-ST-ZIP		A deliver	
NAME	OLADY JAMES NA III		3.1 TITLE		Li Ch	ange L_ Addition	
STREET ADDRES	402 FIDAT AVE		3.2 NAME	3.3 STREET ADDRESS			
CITY-ST-ZIP	MCCOLLAND AND AND A		3.4 CITY-				
TITLE		DELETE	4.1 TITLE	31-411	□ Ch	ange Addition	
NAME			4. 2 NAME		_ ··		
STREET ADDRES	ss		4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE		Ch:	ange	
NAME			5.2 NAME				
STREET ADDRES	s		5 3 STREE	T ADDRESS			
CITY-ST-ZIP		2	5.4 C/TY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		□ Cha	ange	
NAME			6.2 NAME			ļ	
STREET ADDRES	S			T 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.