

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

FILED

Feb 03 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 # F97690 (4)

1. Corporation Name
C & C SCHEDULING, INC.

Principal Place of Business % PHILIP H. FRIEDLAND, C.P.A., P.A. 1499 W. PALMETTO PARK RD., SUITE 416 BOCA RATON FL 33486	Mailing Address % PHILIP H. FRIEDLAND, C.P.A., P.A. 1499 W. PALMETTO PARK RD., SUITE 416 BOCA RATON FL 33486
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/01/1982	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2217254	
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. # etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

PHILIP H. FRIEDLAND, C.P.A., P.A.
1499 W. PALMETTO PARK RD.
SUITE 416
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	PT
NAME	GOERING, CALVIN G.	1.2 NAME	GOERING, CALVIN G.
STREET ADDRESS	1561 NW 21ST STREET	1.3 STREET ADDRESS	50 CAPTAINS COVERD
CITY-ST-ZIP	CRYSTAL RIVER FL	1.4 CITY-ST-ZIP	INGLIS FL 34449-9129
TITLE	VS	2.1 TITLE	VS
NAME	GOERING, CONSTANCE L.	2.2 NAME	GOERING, CONSTANCE L.
STREET ADDRESS	1561 NW 21ST STREET	2.3 STREET ADDRESS	50 CAPTAINS COVERD
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP	INGLIS FL 34449-9129
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Constance L. Goering 1/24/98 (561) 394-7447

CH2E034 (10/97)