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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # **F98000006543**1. Corporation Name

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90169 021 ***150.00

CNC DEV	/ELOPMENT, INC.				
Principal Place of Business Mailing Address					I TENTION THIN TOTAL ONLY ONLY COURT RESULT SALES NITH GLOSS INC. 1881
4420 FM 1960 WEST. STE. 224 4420 FM 1960 WEST. STE. 224 HOUSTON TX 77068 HOUSTON TX 77068					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
			<u>.</u>		12/01/1998
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For Not Applicable
21 26					\$8.75 Additional
22 27 27					5. Certificate of Status Desired Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
28					Trust Fund Contribution Added to Fees
Zip	Zip Country Zip		Country	_	8. This corporation owes the current year Intangible
24	25 29 30		30		Personal Property Tax. Yes DNo
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			0.		
			82	Street A	ddress (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324			83		
			84	City	■ 85 Zip Code
				,	FL ³³ ²⁴ ²⁵ ²⁵
-66	to the provisions of Sections 607.0502 registered agent, or both, in the State o im familiar with, and accept the obligati	f Florida, Such change was all	ithorized hv	the comor	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Sleeghus, based or printed page of registered agent	and title if applicable (NOTE:	Registered Age	nt sidnature red	quired when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ref 12. OFFICERS AND DIRECTORS			13.	T day	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN,12
TITLE	PC	☐ DELETE	1.1 TITLE		Vice Mesi Cent Change Addition
NAME	YALAMANCHILI, CHOWDARY		1.2 NAME		Rolita Chan 4430 FM 1960 West, Site >24
STREET ADDRESS	1	1960 WEST, STE. 224		TADDRESS	4420 FM 1960 West, July 14
CITY-ST-ZIP	HOUSTON TX 77068		14 CITY-ST-ZIP		4/6/LSTEN -1X -1/068
TITLE	VST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BELANGER, ANGELA		2.2 NAME		•
STREET ADDRESS			2.3 STREE	TADDRESS	i
CITY-ST-ZIP	HOUSTON TX 77065		2. 4 CITY-5	ST-ZIP	Change Addition
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		İ
STREET ADDRESS	STREET ADDRESS			TADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4. CITY- S	ST-ZIP	☐ Change ☐ Addition
TITLE			4.1 TITLE 4.2 NAME		
NAME				TADORESS	
STREET ADDRESS			4.4 CITY- S		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	1-21	☐ Change ☐ Addition
NAME			5.2 NAME		· -
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP	INCEL ADDINESS		5.4 CITY- S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME	•		6.2 NAME	}	
STREET ADDRESS			6.3 STREE	TADORESS	
CITY-ST-ZIP	}		6.4 CITY-S	it-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 artificiated on this annual report or of 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-99 (281)444-1584

CR2E034 (11/98