

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G93202** (1)

1. Corporation Name

C & C SYSTEMS, INC.



Principal Place of Business

Mailing Address

**2518 CANTERBURY DR NORTH
WEST PALM BEACH FL 33407**

**2518 CANTERBURY DR NORTH
WEST PALM BEACH FL 33407**

2. Principal Place of Business

21 **2703 NE 56 Ct.**

Suite, Apt. #, etc.

22 **FL**

City & State

23 **33308**

Country

USA

24 **33308**

Country

USA

25. Mailing Address

26 **2703 NE 56 Ct.**

Suite, Apt. #, etc.

27 **FL**

City & State

28 **33308**

Country

USA

29 **33308**

Country

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/27/1984

3a. Date of Last Report

05/17/1995

4. FEI Number

59-2386100

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

TITLE ☐ DELETE

NAME **PCD
SALVO, CHRISTOPHER A.**
STREET ADDRESS **2518 CANTERBURY DR N**
CITY-ST-ZIP **WEST PALM BCH FL**

TITLE ☐ DELETE

NAME **TSD
SALVO, CYNTHIA P.**
STREET ADDRESS **2518 CANTERBURY DR N**
CITY-ST-ZIP **WEST PALM BCH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PCD
SALVO, Christopher A.**
1.3 STREET ADDRESS **2703 NE 56 Ct.**
1.4 CITY-ST-ZIP **FL, LAuderdale, FL. 33308**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **TSD
SALVO Cynthia P.**
2.3 STREET ADDRESS **2703 NE 56 Ct.**
2.4 CITY-ST-ZIP **FL, LAuderdale, FL. 33308**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **CHRISTOPHER A. SALVO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)