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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # H53847 (0)

1. Corporation Name
C & C INSURANCE AGENCY, INC.

Principal Place of Business
1125 CRESTWOOD BLVD.
LAKE WORTH FL 33460

Mailing Address
1125 CRESTWOOD BLVD.
LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/24/1985

2. Principal Place of Business
21 2014 S.E. PORT ST. LUCIE BLVD.
22 SUITE D
23 PORT ST. LUCIE, FL
24 34952 25 ST. LUCIE

2a. Mailing Address
26 P.O. BOX 7070
27 Suite, Apt. #, etc.
28 PORT ST. LUCIE, FL
29 34985 30 ST. LUCIE

4. FEI Number
59-2524628
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
CARRAN, RICHARD T.
1125 CRESTWOOD BLVD.
LAKE WORTH FL 33452

10. Name and Address of New Registered Agent
81 Name CYNTHIA S. CARRAN
82 Street Address (P.O. Box Number is Not Acceptable) 221 N.E. SAGAMORE TERRACE
83
84 City PORT ST. LUCIE FL 85 Zip Code 34983

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 Cynthia S. Carran 3/19/98
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	PST	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARRAN, RICHARD T.		1.2 NAME		
STREET ADDRESS	1549 N. HAVERHILL RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARRAN, RICHARD T.		2.2 NAME		
STREET ADDRESS	1549 N. HAVERHILL RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	P-V-S-T-D	☐ Change ☑ Addition
NAME	CARRAN, CYNTHIA		3.2 NAME	CYNTHIA S. CARRAN	
STREET ADDRESS	1549 N. HAVERHILL RD.		3.3 STREET ADDRESS	221 N.E. SAGAMORE TERRACE	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Cynthia S. Carran CYNTHIA S. CARRAN 561)337-13[illegible]