FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90052 024 ****61.25

DOCUMENT # N9700006377

1. Corporation	n Name						
C&C FO	UNDATION, INC.		,				
		Ad War Address					
Principal Place of Business Mailing Address							
4250 S.W. 21ST ST. 4250 S.W. 21ST ST. HOLLYWOOD FL 33023 HOLLYWOOD FL 33023							
<u> </u>							
Principal Place of Business Za. Mailing Address						3. Date Incorporated or Qualifed 11/10/1997	
21						4. FEI Number Applied For	
Suite, Apt. #, etc. Suite, Apt. #, etc.						65-0792937 Not Applicable	
22 27 City & State City & State			•			5 Contiferto of Status Desired \$8.75 Additional	
23	28					5. Certificate of States Desired Fee Required	
Zip	Country	Zip		country	,	6. Election Campaign Financing \$5.00 May Be	
24	25	29	30	,		Trust Fund Contribution Added to Fees	
	9. Name and Address of Curren	t Registered Agent			,	10. Name and Address of New Registered Agent	
	· · ·			81	Name		
CAMPBELL, CARLTON B				82	82 Street Address (P.O. Box Number is Not Acceptable)		
4250 S.W. 21ST ST.				83			
HOLLYWO	OOD FL 33023						
				84	City	E1 85 Zip Code	
office or r	registered agent, or both, in the State am familiar with, and accept the obligat	of Florida. Such change was al	ITNOL	zea ov	the corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
·	Signature, typed or printed name of registered ager	11			nt signature requ	pulred when reinstating) DATE	
12.	, · · · · · · · · · · · · · · · · · · ·	D DIRECTORS	_	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP .	☐ DELETE	1.1 TITLE			Change Addition	
NAME	Oranii Beee, Oraneroro			2 NAME		•	
STREET ADDRESS				1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE			1 TITLE		Change Addition		
NAME	Orani Betti interori B		2 NAME				
STREET ADDRESS	LETABOLESO, 1100 C.V.			2.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33025			4 CITY-8	ST-ZIP		
TITLE	. –		1 TITLE		Change Addition		
NAME	OM1113, 110410E0		2 NAME				
STREET ADDRESS					TADORESS		
CITY-ST-ZIP	HOLLYWOOD FL 33023		_	4. CITY-5	ST-ZIP	☐ Change ☐ Addition	
TITLE		☐ DELETE		1 TITLE	. [☐ Change ☐ Addition	
NAME		يوالها مستحفيه فالمحاطب		2 NAME	Į.	ها الما ووقع في الما الما الما الما الما الما الما الم	
STREET ADDRESS					T ADDRESS	•	
C/TY-ST-ZIP		- Delete		4 CITY-S	T-ZIP	☐ Change ☐ Additio	
TITLE	1	☐ DELETE	I 5	.1 TITLE	1		

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

___ Addition

Change