NOW: FILING FEE AFTER MAY 1ST IS $550.00

APPROVED AND FILED — PAGE 1

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **P93000029775 (2)**

Corporation Name
C.C.I., INC.

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4301 WEST VINE ST KISSIMMEE FL 34746	4301 WEST VINE ST KISSIMMEE FL 34746

3. Date Incorporated or Qualified: 04/23/1993

4. FEI Number: 59-3180466 — ☐ 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

Principal Place of Business (changes)		2a. Mailing Address	
1	4301 West Vine St Ave	26	
Suite, Apt #, etc. 2		Suite, Apt. #, etc. 27	
City & State 3	Kissimmee	City & State 28	FL
Zip 4	34746	Zip 29	
Country 25	USA	Country 30	

9. Name and Address of Current Registered Agent

ELGHABER, DAU
4301 WEST VINE ST
KISSIMMEE FL 34746

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. [illegible] 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	P	☐ DELETE
NAME	ELGHABER, DAV	
STREET ADDRESS	4301 WEST VINE ST	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Add
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Add
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Add
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Add
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Add
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Add

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-12/29/98--01077--022
****150.00 ****150.00

SB 12/28

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: Dau Elghaber — Dau Elghaber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/10/98

Creative Concepts
608 West Vine Street #2
Kissimmee, FL 34741
Phone (407) 438-1808

DEC 17 1998

Annual Report Filings
Division of Corporation
p.o. Bpx 6327
Tallahassee, FL 32314

To Whom It May Concern:

I have mailed this report with a check for the amount of $150.00. Since then I assumed that it was paid , The check # was 161.

After talking to some one at your office , I was asked to send another check and copy off the Report. I hope You will find all the information needed to adjust this account

Thank you

Sincerely,

Dau Elghaber