		1000				
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. OUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.						
PROFIT	(高語 (18))	FLORIDA DEPARTMENT OF STATE				
CORPORATION		Sandra B. Mortham				
ANNILIAL REPORT		Secretary of State				

	EFORE 8/7/96: \$225 (IF DISSULVE	CU, MINIMUNI ANICONT. COL 10 11	LOFETA	TE TE			
PROF		FLORIDA DEPARTMENT					
CORPÒRA	TION MILE	Sandra B. Mort		ļ			
ANNUAL R	EPORT (Secretary of St		_			
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פנו							
OCUMEN Corporation Name	NT # P9300 0	054111 (8)					
AOT INO					THE PROPERTY OF THE PARTY OF TH	ALIKI Briti ri kili f	ANNUL (1901) (1 99 1) (1891) (1961)
CCT, INC.						. 1111 1116 1111	ANSTRUM (1886) 1988) (1881 1886)
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Principal Place of But	siness	Mailing Address					
•		1900 PRESTON TR					
1900 PRESTON TR CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071				3. Date Incorporated or Qualified	3a. Date	e of Last Report	
CONAL SPRINGS P	L VVVII						27/1995
					08/03/1993 4. FEI Number		Applied For
2. Principal Place of	Rusiness	2a. Mailing Address					Not Applicable
¬		26	<u> </u>		65-0439821		\$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired	<u> </u>	Fee Required
2		27			6. Election Campaign Financing		\$5.00 May Be
City & State		City & State			Trust Fund Contribution	_Ц	Added to Fees
23		28	Country		This corporation has liability for	r intangible t	ax under s. 199 032.
Zip	Country	Zip 30	1		Florida Statutes	Yes	140
24	25	[29]			10. Name and Address of New F	egistered A	your
9.	Name and Address of Current	r negistered rigorit	81	Name			
HECKE	R, H. SCOTT		82	Street Add	Iress (P.O. Box Number is Not Accept	able)	
	W 1 AVE		02				
FT I A	UDERDALE FL 33301		83				
.,			B4	City		FL	85 Zip Code
			104	, 0",		<u> </u>	changing its repistered
	10 - 1 0 - 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 and 607, 1508, Florida Statutes,	the abov	e-named con	poration submits this statement for the	purpose of g apt the appo	intment as registered
11. Pursuant to the	e provisions of Sections 607,000 lered agent, or both, in the State	of Florida, Such change was authors of Section 607,0505, Florid	orized by a Statute	y me corpora s	aior a board of chibarnia		
agent. I am la	miliar with, and accept the oblig-	augris or, accuon our cooc, mond			poration submits this statement for the tion's board of directors. I hereby acc	DAIL	
	ature, typod or printed name of registered ag-		registered A	gent signature req	ured when reinstating) ADDITIONS/CHANGES TO OF		
	OFFICERS AN	ND DIRECTORS	13.		AUDITIONS/CHANGES TO OF		Change Addition
12.		DELETE	1 1 TITLE				
TITLE	D LAPOINTE, DAVID		1.2 NAM	,			
NAME OTOTET ADDRESS	1900 PRESTON TR			ET ADDRESS			
STREET ADORESS	CORAL SPRINGS FL 33071			-S1-ZIP			Change Addition
CITY-SI-ZIP	AAINE ALIMINA IN SAIL	DELETE	2.1 1111	!			
NAME			22 NAN				
STREET ADDRESS			1	EET ADDRESS			
CITY-ST-ZIP	<u>.</u>	11		Y - ST - ZIP			Change Addition
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NAME			32 NAI	I .			
STREET ADDRESS				REET ADDRESS			
				TY-ST-ZIP			Change Addit
CITY-ST-ZIP TITLE		DELETE	4 1 111	ì			
NAME			4 2 N	t t			
STREET ADDRESS				REET ADDRESS			
i I			_	TY-ST-ZIP			Change Addit
CITY-ST-ZIP		DELETE	5 1 Ti				
TITLE			52 N	ļ			
NAME				FREET ADDRESS			
STREET ADDRESS				1TY - ST - 71P			Change Add
CITY-ST-ZIP		DELETE	611	IILE			
TITLE			62 N	AME	1		
NAME			638	TREE! ADDRESS			
STREET ADDRESS			640	CHTY-ST-ZIP	quality for the exemption stated in Se	ction, 119 07	(3)(k), Florida Statutes 1
1 1				1 1	constitutor the exemption stated in Se	A 100 PER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C C C Land of the Control of the

CITY-ST-ZIP

14. If 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 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 further certify that the information indicated on this annual report or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and 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. 19/18/016 (305/187-1825)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0031308

CP