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

STREET ADDRESS

CIGNATURE:

FILED Apr 27 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000054782 (6) CCO MANAGEMENT, INC. Mailing Address Principal Place of Business P. O. BOX 4016 SUPPE 503 8823 S.E. 12TH CIRCLE SUITE 503 DO NOT WRITE IN THIS SPACE OCALA FL 34480 OCALA FL 34478 3. Date Incorporated or Qualified 08/04/1993 28. Mailing Address 28. 6823 S.E. 12th Circle 4. FEI Number Applied For 2. Principal Place of Business 59-3219289 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 71. Ocnin. Trust Fund Contribution Added to Fees 23 28 Country Zıp Country 8. This corporation owes or has paid the current year Intangible MARION 344B0 Personal Property Tax due June 30. Yes Yes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GRAY, STEVEN L 125 N.E. ISTAVENUE ess (P.O. Box Number is Not Accept BLVD. SUITE #1 DEALA FL 34470 CityOCALA 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 1 am familiar with, and accept the uppointment as registered agent 1 am familiar with, and accept the uppointment as registered agent 1 am familiar with, and accept the uppointment as registered agent 1 am familiar with and accept the uppointment as registered agent 1 am familiar with and accept the uppointment as registered agent 1 am familiar with and accept the uppointment as registered agent 1 am familiar with a december 1. SIGNATURE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 11 TITLE WEST, B. DUKE 1.2 NAME NAME 1205 S.W. 42ND STREET 1.3 STREET ADDRESS STREET ADORESS OCALA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE RHODES, WILLARD 22 NAME 660 S.W. 80TH STREET 2.3 STREET ADDRESS STREET ADDRESS OCALA FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE WULLETT, FREDERIC 6950 S.E. 12th Terr WOLLETT, FREDERIC 3.2 NAME NAME 5105 S.E. 14TH PLACE 3.3 STREET ADDRESS STREET ADDRESS OCALA, 71. 34480 OCALA FL 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE TITLE MICDONIELS, MICHAEL MCDONIELS, MICHAEL 4. 2 NAME NAME 1517 SE 24TH TERRACE 2236 LAUREL RUN DR. 4.3 STREET ADDRESS STREET ADORESS OCALA FL OCALA, FL 34471 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE BULY, STEVE 2210 S.E. LANGEL RUN DR 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS OCALA, FL CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition 6.1 TITLE TITLE STEIN, RICHARD 6.2 NAME NAME

6.3 STREET ADDRESS

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 requirement of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed.

19323 Fark Place BIVD.

237-6644

EUSTIS