

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

0450590

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90072 027 ***150.00

DOCUMENT # P93000054782

1. Corporation Name
CCO MANAGEMENT, INC.

Principal Place of Business 6823 S.E. 12TH CIRCLE SUITE 503 OCALA FL 34480 US	Mailing Address 6823 SE 12TH CIRCLE OCALA FL 34480 US		
2. Principal Place of Business 21 --- Suite; Apt #: etc.	2a. Mailing Address 26 --- Suite; Apt #: etc.		
22 City & State 23	27 City & State 28		
Zip 24	Zip 25	Country 29	Country 30



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/04/1993	
4. FEI Number 59-3219289	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 the current year Intangible Personal Property Tax. □ Yes □ No	

9. Name and Address of Current Registered Agent WILSON, ROBERT D 954 EAST SILVER SPRINGS BLVD OCALA FL 34470	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL
	85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEST, B. DUKE 1205 S.W. 42ND STREET OCALA FL	□ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUZY, STEVE 2210 SE LAUREL RUN DR OCALA FL	□ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLLETT, FREDERIC 6950 SE 12TH TERR OCALA FL 34480	□ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDONIELS, MICHAEL 2236 LAUREL RUN DR OCALA FL 34471	□ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEIN, RICHARD 19323 PARK PLACE BLVD EUSTIS FL 32726	□ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	□ Change □ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD STEIN

4/16/99 (352)237-6644

Daytime Phone #