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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthani

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000076527 (9)

INVESTMENTS BY C & C INC. Principal Place of Business Mailing Address 6611 TAFT ST. 6611 TAFT ST. HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 3. Date Incorporated or Qualified 3a. Date of Last Report 11/01/1993 04/11/1995 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 26 65-0495073 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Cert-ficate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199,032 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LYNCH, J. DAVID 82 Street Address (P.O. Box Number is Not Acceptable) 224 COMMERCIAL BLVD. R3 **SUITE 310** LAUDERDALE-BY-THE-SEA FL 33024 84 Zip Code 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typical or printed manie of registered agent and tirle if applicable (NOT:: Registered Agent suitature 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. CR2E034 (12/ DELETE TILLE Add-tion 1. 1 TITLE Change NAME SHLIMOWITZ, MICHEL 1.2 NAME STREET ADDRESS 6611 TAFT ST. 1.3 STREET ADDRESS HOLLYWOOD FL 33024 CHY-ST-ZIP 1.4 CITY - ST - ZIP DELFTE TITLE 2 1 THUE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY-ST-ZIP 2.4 CITY - ST - ZiP TILLE DELETE 3 1 H/LF Change Addition MANA 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - S* - 7IP 3.4 C!TY-ST-ZiP DELETE TITLE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS C(1) - S1 - Z(F) 4.4.011Y+S1+ZIP THLE DELETE 5.1 Tilb # ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CFTY-ST-ZIP 5 4 City - S1-2(P DELETE THUE 6 1 THEF Change Addition NAME 6.2 NAME

14. I 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 particular 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 of director of he corporation or the reserver 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 charged or on an attaching it with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

PALO.