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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1998 8:00am

Secretary of State

CR2E034 (10/97

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000077440 (4) CCIS, INCORPORATED Principal Place of Business Mailing Address 2080 MEARS PKWY 2060 MEARS PKWY MARGATE FL 33063 MARGATE FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/01/1993 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 21 Not Applicable 65-0450717 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SIEGEL, CORRIE M 2032R MEARS PKWY 82 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 83 84 City 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 fluch hange was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with a provision of the corporation of SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition 11 TITLE TITLE SIEGAL, CORRIE M NAME 1.2 NAME STREET ADDRESS 2032R MEARS PARKWAY 1.3 STREET ADDRESS Margate fl 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CHTY-ST-ZIP CITY-ST-ZIP DELETE Addition THIE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELFTE Change ___ Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 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: X

CITY - ST - ZIP