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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400026680 (6)

CC'S ENDEAVORS, INC.

SIGNATURE:

							4 8 F) (8 8 P
Principal Plac	e of Business	Mailing Address				iti marim te ki m merim miraz sbatz	
4411 BEE RIDGE RD		2967 DICK WILSON DR					
SUITE 432	04000	#432 Sarasota Fl 34240-81	21				
SARASOTA FL 34233 US		US				3a. Date of Last R	eport
					Date Incorporated or Qualified 04/07/1994	02/09/1996	
2. Principal P	Place of Business	2a. Mailing Address	···		4. FEI Number	Ar	optied For
21		26			65-0487313		ot Applicab
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	Additional equired
City & Stat	te	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		may be to Fees
Zφ	Country	Zip	Cou	intry	8. This corporation has liability for	r intangible tax under s	. 199.032,
4	25	29	30			Yes No	
	9. Name and Address of Cu	rrent Registered Agent		81 Name	10. Name and Address of New R	legistered Agent	
	BOVERN, CHARLES C III			81 Name			
	7 DICK WILSON DR			82 Street A	ddress (P.O. Box Number is Not Accepta	able)	
SAK	ASOTA FL 34240			83			
				84 City		FL 85 Zip	Code
11 Purement	to the provisions of Sections 607	0502 and 607 1508. Florida Ste	tutes the a	hove-named o	corporation submits this statement for the		ts registere
office or i	registered agent, or both, in the S	State of Florida, Such change with the state of Florida, Section 607,0505.	as authorize Florida Sta	d by the corp	corporation submits this statement for the oration's board of directors. I hereby accor-	ept the appointment as	registered
age n + r	and a mina. With and accept the c	ibligations of Eaction Continuous	1 lorida bia	iulus.			
CHASELA TO LICE							
SIGNATURE	Signature, typed or period name of registere	d agent and title if applicable (NOTE: Registere		equired when reinstating)	DAYE	
	OFFICERS	AND DIRECTORS	NOTE: Registere		equired when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	
12.	OFFICERS D	AND DIRECTORS DELETE		d Agent signature			
12. File	OFFICERS D MCGOVERN, CHARLES C II	AND DIRECTORS DELETE	13.	d Agent signature		ICERS AND DIRECTOR	
12. T-ILE NAME STREET ADORESS	OFFICERS D MCGOVERN, CHARLES C II 2967 DICK WILSON DR	AND DIRECTORS DELETE	13. 1.1 T 1.2 N 1.3 S	d Agent signature : TLE AME TREET ADDRESS		ICERS AND DIRECTOR	
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