

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000029698 (5)**

1. Corporation Name
C & C DECELLE, INC.



Principal Place of Business: **900 E. ATLANTIC BLVD. POMPANO BEACH FL 33060**
Mailing Address: **900 E. ATLANTIC BLVD. POMPANO BEACH FL 33060**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified 04/19/1994	3a. Date of Last Report 02/14/1995
4. FL Number 65-0482071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

**FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311**

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, this agent 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 (required)

Print Name of Registered Agent (required)

Date

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	D		
NAME	DUPERRAY, CHRISTAIN		
STREET ADDRESS	900 E. ATLANTIC BLVD.		
CITY-ST-ZIP	POMPANO BEACH FL 33060		
TITLE	D		
NAME	DUPRERRY, CORINA		
STREET ADDRESS	900 E. ATLANTIC BLVD.		
CITY-ST-ZIP	POMPANO BEACH FL 33060		
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11	NAME		
12	STREET ADDRESS		
13	CITY-STATE-ZIP		
21	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME		
23	STREET ADDRESS		
24	CITY-STATE-ZIP		
31	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME		
33	STREET ADDRESS		
34	CITY-STATE-ZIP		
41	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME		
43	STREET ADDRESS		
44	CITY-STATE-ZIP		
51	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME		
53	STREET ADDRESS		
54	CITY-STATE-ZIP		
61	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME		
63	STREET ADDRESS		
64	CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or person in charge of the corporation and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christain Duperray*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/96 305-941-0906
Date Date of Filing

CR2E034 (12/95)