FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000069942 (8)**

1. Corporation Name

4C ASSOCIATES CORP.

Principal Place of Business	Mailing Address
2601 S BAYSHORE DRIVE SUITE 2050 **MIAMI FL 33133**	**2601 S BAYSHORE DRIVE SUITE 2050** **MIAMI FL 33133**

3. Date Incorporated or Qualified: **09/20/1994**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **65-0551605** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBERT A FREEMAN PA
2601 S BAYSHORE DRIVE SUITE 1425
MIAMI FL 33133

10. Name and Address of New Registered Agent

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 _____ (NOTE: Required Agent Signature) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	Dir. President	☐ Change ☒ Addition
NAME	RUSSELL, SIMON		1.2 NAME	Russell, David Graham	
STREET ADDRESS	2601 S BAYSHORE DRIVE SUITE 2050		1.3 STREET ADDRESS	2601 So. Bayshore Dr. #2050	
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY-ST-ZIP	Miami, FL 33133	
TITLE		☐ DELETE	2.1 TITLE	Dir. VP	☐ Change ☒ Addition
NAME			2.2 NAME	English, Kevin	
STREET ADDRESS			2.3 STREET ADDRESS	2601 So. Bayshore Dr. #2050	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Miami, FL 33133	
TITLE		☐ DELETE	3.1 TITLE	Dir. VP	☐ Change ☒ Addition
NAME			3.2 NAME	Noon, Dennis	
STREET ADDRESS			3.3 STREET ADDRESS	2601 So. Bayshore Dr. #2050	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Miami, FL 33133	
TITLE		☐ DELETE	4.1 TITLE	Secy. Treasurer	☐ Change ☒ Addition
NAME			4.2 NAME	Russell, Simon	
STREET ADDRESS			4.3 STREET ADDRESS	2601 So. Bayshore Dr. #2050	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Miami, FL 33133	
TITLE		☐ DELETE	5.1 TITLE	Asst. Secy	☐ Change ☒ Addition
NAME			5.2 NAME	Wright, John Stewart	
STREET ADDRESS			5.3 STREET ADDRESS	2601 So. Bayshore Dr. #2050	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Miami, FL 33133	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 above, or on an attachment with an address.

SIGNATURE: JCR Russell — 28th April 96 — 305-857-9881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #