FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000051424 (6)

C.C.I. EUROPE, INC. Principal Place of Business Mailing Address 3280 UNIVERSITY BLVD. 3280 UNIVERSITY BLVD. SUITE 210 SUITE 210 DO NOT WRITE IN THIS SPACE WINTER PARK FL 32792 WINTER PARK FL 32792 3. Date Incorporated or Qualified 06/30/1995 2a. Mailing Address Principal Place of Business Applied For XAPPLIED FORK 59 3395573 21 26 Not Applicable Suite, Apt. #. etc. Suite. Apt. #. etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees 7ip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 ☐ Yes 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name HADDOCK PROFESSIONAL ASSOCIATION 3260 UNIVERSITY BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 210** 83 WINTER PARK FL 32792 85 Zip Code 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTt : Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.

DELETE TITLE Change Addition HEAVENER, JAMES W NAME 1.2 NAME 3260 UNIVERSITY BLVD. STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change noitibhA TITLE NAME HEAVENER, CHRISTIE C 2.2 NAME 3260 UNIVERSITY BLVD. STREET ADDRESS 2.3 STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3 1 TITLE Addition TITLE DICKEY, HELEN NAME 3.2 NAME 3260 UNIVERSITY BLVD. STREET ADDRESS 3.3 STREET ADDRESS WINTER PARK FL 32792 3.4. CITY - \$1 - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE MAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 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 or an attachmout with an address.

SIGNATURE:

64 CHY-ST-7P

FILED

Apr 13 1998 8:00am

Secretary of State