

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000060196 (9)**

1. Corporation Name

CCCRN, INC.

Principal Place of Business

**8320 SOUTHWEST 161ST STREET
MIAMI FL 33157**

Mailing Address

**8320 SOUTHWEST 161ST STREET
MIAMI FL 33157**

2. Principal Place of Business

2a. Mailing Address

21 **8320 SW 161st**

26 **8320 SW 161st**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Miami, FL**

28 **Miami, FL**

24 Zip Country

29 Zip Country

25 **33157 USA**

30 **33157 USA**

9. Name and Address of Current Registered Agent

**BOUCHARD, DONALD
8320 SOUTHWEST 161ST STREET
MIAMI FL 33157**

3. Date Incorporated or Qualified

07/25/1995

3a. Date of Last Report

NA

4. FEI Number

65-0612978

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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

Signature typed or printed name of registered agent and state title (if any)

Signature typed or printed name of registered agent and state title (if any)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D BOUCHARD, DONALD**
STREET ADDRESS **8320 SOUTHWEST 161ST STREET**
CITY-STATE-ZIP **MIAMI FL 33157**

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CITY-STATE-ZIP

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)(k), 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: #

Donald D. Bouchard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/01/96 305 235 3732
DATE DAYTIME PHONE

CR2E034 (12/95)