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 # **P95000066265 (6)**

1. Corporation Name
C INVESTMENTS, INC.

Principal Place of Business
PO BOX 1592
WEST PALM BEACH FL 33402

Mailing Address
PO BOX 1592
WEST PALM BEACH FL 33402

3. Date Incorporated or Qualified: 08/25/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 303 Valley Forge Rd
22: Suite, Apt. #, etc
23: City & State: West Palm Bch FL
24: Zip: 33405
25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0614211 ☐ 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

SATTER, JONATHAN
C/O PARAMOUNT REAL ESTATE SERVICES
1500 CORPORATE CENTER WAY. STE. 103
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name: SATTER, Jonathan R
82 Street Address (P.O. Box Number is Not Acceptable): 303 Valley Forge Road
83:
84 City: West Palm Beach FL 85 Zip Code: 33405

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] (Signature of an officer or director of the registered agent if the agent is a corporation) (If the Registered Agent is an individual, he must sign above.) DATE: 1/24/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE ☑	1.1 TITLE ☐ Change ☐ Addition
NAME	ERICKSON, CRAIG N		1.2 NAME
STREET ADDRESS	PO BOX 1592		1.3 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL 33402		1.4 CITY-ST-ZIP
TITLE	D	DELETE ☐	2.1 TITLE P/D ☑ Change ☐ Addition
NAME	SATTER, JONATHAN R		2.2 NAME Jonathan R. Satter
STREET ADDRESS	PO BOX 1592		2.3 STREET ADDRESS 303 Valley Forge Road
CITY-ST-ZIP	WEST PALM BEACH FL 33402		2.4 CITY-ST-ZIP West Palm Beach, FL 33405
TITLE		DELETE ☐	3.1 TITLE ☐ Change ☐ Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 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
TITLE		DELETE ☐	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
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

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 above, or on an attachment with an address.

SIGNATURE: [signature] Jonathan R. Satter, President 1/24/96 407-798-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)