

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000081683 (1)

1. Corporation Name

CCI OF BOYNTON BEACH, INC.



Principal Place of Business

Mailing Address

4225 GENESEE STREET
BUFFALO NY 14225

4225 GENESEE STREET
BUFFALO NY 14225

3. Date Incorporated or Qualified

10/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 382 North Congress Road

26 2499 GLADES ROAD

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27 SUITE 106 B

City & State

City & State

23 BOYNTON BEACH FLA

28 BOCA RATON FLA

Zip

Country

Zip

Country

24 33426

25 USA

29 33431

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCARTHY, TERENCE P
2081 E. OCEAN BLVD.
SUITE 2-A
STUART FL 34996

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 of principal of registered agent and the applicable

(If 11: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☐ DELETE

NAME JAMES A. COSENTINO

STREET ADDRESS 4225 GENESEE ST

CITY - ST - ZIP BUFFALO NY 14225

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JAMES A. COSENTINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96 216-634-2121

CR2E034 (3/96)