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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000081684 (9)

CCI OF MELBOURNE, INC.

## FILED May 15 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							{ 3 (00)(00) 100 (0) 05 05 05 05 05 05 05 05 05 05 05 05 05	INA KARAF FIRKA BINDA	18311 0101 1801
2000 EVANS R	OAD	2499 GLADES I	2499 GLADES ROAD						
MELBOURNE S	OUARE PROMENA	SUITE 106B	*****			DO NOT WRITE IN THIS SPACE			
MELBOURNE F Us	L 32901	BOCA RATON I US	BOCA RATON FL 33431			3. Date Incorporated or Qualified			
08			03				10/24/1995		
2. Principal Pla	ce of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number		Applied For	
21			26	26			59-3339590		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22			27				B. Continuate of States Desired	Fee	Required
City & State			h	City & Stato			6. Election Campaign Financing		May Be
Zip Country			28	Zip Country			Trust Fund Contribution Added to Fees		
Zip 24	25		h1	ı — i			8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes No		
24		Address of Curre	29  ent Registered Agent	,			10. Name and Address of New Registered Agent		
SIEGEL, NAT						Name			
	GLADES RD		1		Stroot Add	ress (P.O. Box Number is Not Acceptable)			
106			82		Street Addi	ress (F.O. Box Number is Not Acceptable)			
	A RATON FL 3			83					
					84	City		85 Zi	p Code
ļ			_			•		<b>FL</b>   "   "	·
11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 letter applicable (NOTE Registered						ent signature requi		AAID DIDEOTA	200 11 40
12.	<del></del>	OFFICERS AT	ND DIRECTORS	<b>13.</b> ELETE 1.1.1	ITLE		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	
TITLE	P Cosentino,	IAMES A	L_1 0					viailg	
NAME Street address	4225 GENES			1.2 NAMI 1.3 STRE		ADDRESS			l:
CITY-ST-ZIP	BUFFALO NY				DITY-S				
TITLE	DOTT NEO IT				TITLE	/1 211		☐ Change	e Addition
NAME				2.21	NAME				
STREET ADDRESS				2.3 5	STREET	ADDRESS			i
CITY-ST-ZIP				2. 4	CITY-	ST - ZIP			
TITLE				ELETE 311	TITLE			☐ Change	e 🔲 Addition
NAME				321	NAME				
STREET ADDRESS				3.3 5	STREET	ADDRESS			
CITY-ST-ZIP						ST-ZIP			
TITLE			□ 0		ITLE			L Change	e 📙 Addition
NAME					NAME	4000000			l
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP		-	n i		CITY-S TITLE	51 - ZIP		Change	e Addition
TITLE			FJ		NAME				
NAME STREET ADDRESS						ADORESS			ļ
CITY-ST-ZIP					CITY-S				ļ
TITLE		<del></del>			TITLE			Change	e Addition
NAME					NAME				1
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP					CITY - S	i			
	atily that the infe	rmation europlied	with this filing does no				Section 119.07(3)(i), Florida Statutes, I furth	her certify that t	he information

4. 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 trustoe 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.

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4/9/98

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