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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P95000081684

FLORIDA DEPARTMENT OF STATE

Kathe ine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90099 033 ***150.00

CCI OF	MELBOURNE, 1	NC.										
Principal P ac	e of Business		Mailing Address				_]	911551 170 18161 BILLI BELLI SE	*** ***** ***	!!!!	31781 18	,., 2101 501
2000 EVANS ROAD 2499 GLADES ROAD							1					
MELBOURNE: SOUARE PROMENADE SUITE 106B								DO NOT WRITE IN THIS SPACE				
MELBOURNE: FL 32901 BOCA RATON FL 33431							<u>-</u>		}EIN ∤FI	S SPACE		
US US							*	corporated or Qualifed				
								/1995				
2. Principal P	Place of Business		2a. Mailing Address				4. FEI Nu			<u> </u>	-	ied For
21			26				59-3 3	<u>395</u> 90			ــــــــــــــــــــــــــــــــ	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5 Certifo	ite of Status Desired				lditional
<u> </u>			27				J. J.			Fe_	e Rec	Tiled
			City & State				6. Election	Campaign Financing		\$5.	,0 0 n	lay Be
23			28				Trust F	und Contribution		Add	ded to	Fees
Zip	Cou	ur-try	Zip	Cou	ıntry		8. This co	rporation owes the curr	ent year ir	ntangible		
24	25		29	30			Persor al Property Tax. ☐ Yes ☐ No]No
		dress of Curren	t Registered Agent				10. Name	and Address of New F	Registered	d Agent		
					81	Name						•
SIEG	GEL, NAT				_	-		**				
2499 GLADES RD					82	Street Acc	iress (P.O. Box	Number is Not Accepta	apie)			
106B					83							
	CA RATON FL 334	31			33	<u> </u>						
DOOR DATON IL 30701					84	City				85	Zip C	ode
			2 and 607 1508, Florida State						F			
SIGNATUFE	Signature, typed or printed			<u>-</u>		nt signature requi	red when reinstating)	ONS/CHANGES TO OF	DATE	NID DIBE	CTO	PS IN 12
12.	_	OFFICERS AN	DIRECTORS DELETE	13.			ADDITIC	NS/CHANGES 10 OF	PICERS /	☐ Cha		Addition
TITLE	P		□ DECE IE	1111		1					1.90	
NAME	COSENTINO, JA			1.2 N								
STREET ADDRESS	l .	E SI		1.3 \$	TREET	TADDRESS						
CITY-ST-ZIP	BUFFALO NY			1.4 C	ITY-S	T-ZIP						T A delete
TITLE			☐ DELETE	2.1 T	ITLE					☐ Cha	nge	Addition
NAME												
STREET ADDRESS	s			2.2 N	AME							
CITY-ST-ZIP						TADORESS						
TITLE				2.3 5	TREET	TADORESS						
			□ DEFELE	2.3 5	TREET					Cha	nge	☐ Addition
NAME			DELETE	2.3 S	TREET CITY-S TILE					Cha	inge	Addition
NAME STREET ADORESS			DELETE	2.3 S 2.4 C 3.1 Tl 3.2 N	TREET CITY-S TITLE HAME	ST-ZIP				☐ Cha	inge	Addition
STREET ADORESS			☐ DELETE	2.3 S 2.4 C 3.1 T 3.2 N 3.3 S	TREET OTY-S TILE IAME TREET	T ADDRESS	<u></u>			Cha	inge	☐ Addition
STREET ADORE 3S			_	23 \$ 2.4 C 3.1 TI 3.2 N 3.3 \$ 3.4. C	TREET CITY-S TITLE LAME TREET CITY-S	ST-ZIP				☐ Cha		
STREET ADORE 3S CITY-ST-ZIP TITLE			DELETE	2.3 \$\frac{9}{2.4 \text{C}} 3.1 \text{TI} 3.2 \text{N} 3.3 \text{S} 3.4. \text{C} 4.1 \text{TI}	TREET CITY-S TITLE TAME STREET CITY-S TITLE	T ADDRESS						
STREET ADORESS CITY-ST-ZIP TITLE NAME		-	_	2.3 5° 2.4 6° 3.1 TI 3.2 N 3.3 5° 3.4 0° 4.1 TI 4.2 N	TREET CITY-S TITLE TAME TREET CITY-S TITLE VAME	T ADDRESS						
STREET ADORE 3S CITY-ST-ZIP TITLE			_	2.3 S 2.4 C 3.1 Tl 3.2 N 3.3 S 3.4 C 4.1 Tl 4.2 N 4.3 S	TREET CITY-S TREET CITY-S TITLE VAME	T ADDRESS ST-ZIP T ADDRESS						
STREET ADORESS CITY-ST-ZIP TITLE NAME			☐ DELETE	2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 C	TREET CITY-S TREET CITY-S TITLE VAME CITREET CITY-S CITY-S	T ADDRESS ST-ZIP T ADDRESS				☐ Cha	ange	Addition
STREET ADORE 3S CITY- ST-ZIP TITLE NAME STREET ADDRE 3S			_	235 2.40 31Tl 32N 335 34.C 4.1Tl 4.2N 4.35	TREET CITY-S TREET CITY-S TITLE VAME CITY-S TREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP					ange	Addition
STREET ADORE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP			☐ DELETE	2.3 S 2.4 G 3.1 Tl 3.2 N 3.3 S 3.4 C 4.1 Tl 4.2 N 4.3 S 4.4 G 5.1 Tl 5.2 N	TREET CITY-S TITLE LAME STREET CITY-S TITLE NAME STREET STREET STREET LAME	T ADDRESS ST- ZIP T ADDRESS ST- ZIP T ADDRESS T- ZIP				☐ Cha	ange	Addition
STREET ADORE SS CITY- ST- ZIP TITLE NAME STREET ADDRE 3S CITY- ST- ZIP TITLE			☐ DELETE	2.3 S 2.4 G 3.1 Tl 3.2 N 3.3 S 3.4 C 4.1 Tl 4.2 N 4.3 S 4.4 G 5.1 Tl 5.2 N	TREET CITY-S TITLE LAME STREET CITY-S TITLE NAME STREET STREET STREET STREET LAME L	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP				☐ Cha	ange	Addition
STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME			☐ DELETE	2.3 S 2.4 G 3.1 Tl 3.2 N 3.3 S 4.4 C 4.1 Tl 4.2 N 4.3 S 4.4 G 5.1 Tl 5.2 N 5.3 S 5.4 G	TREET TITLE TREET TITLE TREET TOTY-S TITLE TREET TITLE	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS				□ Cha	ange ange	☐ Addition
STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S			☐ DELETE	2.3 S 2.4 G 3.1 Tl 3.2 N 3.3 S 3.4 C 4.1 Tl 4.2 N 4.3 S 4.4 G 5.1 Tl 5.2 N 5.3 S	TREET TITLE TREET TITLE TREET TOTY-S TITLE TREET TITLE	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS				☐ Cha	ange ange	Addition Addition Addition

14. 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 earporation or the receiver or trustee empowered to execute this report as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRE IS

CITY-ST-ZIP

Daytime Phone #