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 # **P96000000843 (8)**

1. Corporation Name
X C, INC.

Principal Place of Business
2415 B STIRLING RD
FT LAUDERDALE FL 33312

Mailing Address
~~2415 B STIRLING RD~~
~~FT LAUDERDALE FL 33312~~

3. Date Incorporated or Qualified: 12/26/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 3901 S. Ocean Dr 15-L APT.
22: Suite, Apt. #, etc: 15-L
23: City & State: Hollywood, FL.
24: Zip: 33019
25: Country: U.S.A.

2a. Mailing Address
26: 3901 S. Ocean Dr.
27: Suite, Apt. #, etc: 15-L
28: City & State: Hollywood, FL.
29: Zip: 33019
30: Country: U.S.A.

4. FEI Number: 65-0629850 ☐ 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**

HONIG, GARY D
2500 E HALLANDALE BEACH BLVD SUITE 707-B
HALLANDALE FL 33009

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: Xavier Burbano (PRESIDENT) 8/6/96
Signature, typed or printed name of registered agent and title if applicable / DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Sec.	☒ Change ☐ Addition
NAME	BURBANO, XAVIER		1.2 NAME	Betty Burbano	
STREET ADDRESS	3901 S OCEAN DR APT. 15-L		1.3 STREET ADDRESS	7873 W. Nordica	
CITY-ST-ZIP	HOLLYWOOD FL 33019		1.4 CITY-ST-ZIP	Niles, IL. 60714	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, CHRISTIAN J		2.2 NAME		
STREET ADDRESS	3901 S OCEAN DR APT. 15-L		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33019		2.4 CITY-ST-ZIP		
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 if changed, or on an attachment with an address.

SIGNATURE: X. Burbano 8-6-96 (954) 458-9303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E034 (12/95)