

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90001 018 ***150.00

DOCUMENT # P96000010830

1. Corporation Name

CCI OF SUNRISE, INC.

Principal Place of Business

Mailing Address

2499 GLADES RD
STE 106B
BOCA RATON FL 33431
US

2499 GLADES RD
STE 106B
BOCA RATON FL 33431
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1996

4. FEI Number

65-0731269

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 12100 West Sunrise Blvd.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Sunrise, FL

28

Zip Country

Zip Country

24 33323

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIEGEL, NAT
2499 GLADES RD STE 106B
BOCA RATON FL 33431

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 name of registered agent (and title if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME COSENTINO, JAMES A

1.2 NAME

STREET ADDRESS 4225 GENESEE ST

1.3 STREET ADDRESS

CITY-STATE-ZIP CHEGRTOWAGA NY 14225

1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

2.2 NAME

STREET ADDRESS ☐ DELETE

2.3 STREET ADDRESS

CITY-STATE-ZIP ☐ DELETE

2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

3.2 NAME

STREET ADDRESS ☐ DELETE

3.3 STREET ADDRESS

CITY-STATE-ZIP ☐ DELETE

3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

4.2 NAME

STREET ADDRESS ☐ DELETE

4.3 STREET ADDRESS

CITY-STATE-ZIP ☐ DELETE

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

5.2 NAME

STREET ADDRESS ☐ DELETE

5.3 STREET ADDRESS

CITY-STATE-ZIP ☐ DELETE

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

6.2 NAME

STREET ADDRESS ☐ DELETE

6.3 STREET ADDRESS

CITY-STATE-ZIP ☐ DELETE

6.4 CITY-STATE-ZIP

14. 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 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, with all other like empowered

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99

Daytime Phone #

CR2E034 (1/98)