


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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P96000019279</b>			
1. Corporation Name <b>C&amp;C PROMOTIONS, INC.,</b>			
Principal Place of Business <b>Colin Forde</b> <b>110 Woodfield Court, Sanford, FL 32773</b>		Mailing Address	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>Colin Forde</b>	26 <b>110 Woodfield Court</b>	<b>2/29/96</b>	<b>2/29/96</b>
22 State, Apt. #, etc.	27 State, Apt. #, etc.	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
23 <b>Sanford FL 32773</b>	28 <b>Sanford FL 32773</b>	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 <b>32773</b>	25 <b>Seminole</b>	29 <b>32773</b>	30 <b>Seminole</b>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>Colin Forde</b> <b>110 Woodfield, Sanford, FL 32773</b>		81 Name <b>Colin Forde</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>110 Woodfield, Sanford</b>	
		83 <b>7</b>	
		84 City <b>Sanford</b>	
		85 Zip Code <b>FL 32773</b>	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<b>Conrad Beckles - D</b>	<b>Conrad Beckles Jr #1335</b>	<b>Orlando, FL 32702</b>	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
<b>Colin Forde - VP/T</b>	<b>110 Woodfield Court</b>	<b>FL 32773</b>	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
<b>Alicia Thomas - S</b>	<b>5716 Moridian Way</b>	<b>Orlando, FL 32808</b>	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
14. I do 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, 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, unchanged, or on an attachment with an address.			
SIGNATURE: <b>Colin Forde</b> <b>4/29/97</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)