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**May 02 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 # P96000064899 (3)

1. Corporation Name
C.C.C. BROKERAGE, INC.



Principal Place of Business: **5001 LAKEFRONT DRIVE N-3 TALLAHASSEE FL 32303**
Mailing Address: **POST OFFICE BOX 3209 TALLAHASSEE FL 32315-3209**

3. Date Incorporated or Qualified: **08/02/1996**
3a. Date of Last Report: []
4. FEI Number: **59-3396908**
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 [X] No

2. Principal Place of Business: **21 Rt., 4, Box 380**
22. Suite, Apt. #, etc.: []
23. City & State: **Havana, FL**
24. Zip: **32333**
25. Country: **Gadsden**
26. Mailing Address: **26 Rt., 4, Box 380**
27. Suite, Apt. #, etc.: []
28. City & State: **Havana, FL**
29. Zip: **32333**
30. Country: **Gadsden**

9. Name and Address of Current Registered Agent
**CONNELL, DIANA
5001 LAKEFRONT DRIVE N-3
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent
81 Name: **Fletcher Christian**
82 Street Address (P.O. Box Number is Not Acceptable): **Rt. 4, Box 380**
83 []
84 City: **Havana, FL**
85 Zip Code: **32333**

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]* (NOTE: Registered Agent Signature required when reinstating) DATE: []

12. OFFICERS AND DIRECTORS		DELETE
TITLE	President	<input type="checkbox"/>
NAME	Fletcher Christian	
STREET ADDRESS	Rt. 4, Box 380, Havana, FL	
CITY-ST-ZIP	32333	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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 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 or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** 904-562-6871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)