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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000076642

CCR CORP., INC.

Principal Place of Business

Mailing Address

415 NORTH STATE ROAD 7 MARGATE FL 3:063 415 NORTH STATE ROAD 7

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90185 001 ***150.00



	83 MARGATE FL 33063					DO NOT WRITE IN THIS :3PACE			
						3. Date Incorporated or Qualifed 09/13/1996			
Principal Pl.	ace of Business	2a. Mailing Address				4. FEI Number		A	opliec For
,, - p	26					65-0695343		N	ot Applicable
Suite, Apt. a	Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Addit onal Fee Required	
City & State						Election Campaign Financing Trust Fund Contribution		-	May Be to Fees
7ip	Country Zip		Country			8. This corporation owes the curr	rent vear Inta		
Zip		Fa i r	3(1)	,		Personal Froperty Tax.	cin your into	Yes	□No
	9. Name and Address of Cu					10. Name and Address of New I	Registered A	gent	
	9. Name and Addres 5 of Co	ment Registered Agent		81 Nam	ne	10		¥	
MILLI	ER, JAMES B								
	N. STATE ROAD 7			82 Stre	et Addre	3s (P.O. Box Number is Not Accept	able)		
	GATE FL 33063			83					
MICH	CALL I E GOOGO			03					
				84 City			FL	85 Zip	Code
office or re agent. I ar	enistered agent, or both, in the S	.0502 and 607.1508, Florida Statute tate of Florida. Such change was au bligations of, Section 607.0505, Flor	itnorized	a by the co	ed corpo rporation	's board of directors. I hereby acce	pt the appoin	tment as r	egistered
SNATURE .	§ Ignature, typed or printed name of registere	d agent and title if applicable (NOTE:	Re jistered	Agent signatu	re required	vhen reinstating)	DATE		
		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECT	ORS IIV 12
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4. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(a), Florida Statutes. I horner certain indicated or 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 bath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60", Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachmen, with an address, with all off er like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTING MAME OF SIGNING OFFICER ON HIRECTOR

122/99 954-972-2556