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Mar 25 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 # P96000079178 (5)

1. Corporation Name

C.C.M. ENTERPRISES, INC.



Principal Place of Business

1600 S.E. 17TH STREET #404
FORT LAUDERDALE FL 33316

Mailing Address

19353 U.S. HIGHWAY 19 NORTH
SUITE 100
CLEARWATER FL 34624-3102

3. Date Incorporated or Qualified

09/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

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9. Name and Address of Current Registered Agent

HAYES, WARREN D SR
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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

Signature of the person authorized to file this statement (if not the registered agent and title is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1

TITLE

D

NAME

COPE, RICHARD W

STREET ADDRESS

19353 U.S. HIGHWAY 19 NORTH #100

CITY- ST- ZIP

CLEARWATER FL 34624

12.2

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

12.3

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

12.4

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

12.5

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

12.6

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

13.1

TITLE

13.2

NAME

13.3

STREET ADDRESS

13.4

CITY- ST- ZIP

21

TITLE

22

NAME

23

STREET ADDRESS

24

CITY- ST- ZIP

31

TITLE

32

NAME

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STREET ADDRESS

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CITY- ST- ZIP

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TITLE

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NAME

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STREET ADDRESS

44

CITY- ST- ZIP

13.5

TITLE

13.6

NAME

13.7

STREET ADDRESS

13.8

CITY- ST- ZIP

51

TITLE

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NAME

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STREET ADDRESS

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CITY- ST- ZIP

61

TITLE

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 is stated 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 in an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)