

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P96000082484**

Corporation Name

5 C'S, INC.

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90003 039 ***550.00



Principal Place of Business

**71 NORTH FEDERAL HIGHWAY
146-C5
BOCA RATON FL 33487**

Mailing Address

**7491 NORTH FEDERAL HIGHWAY
146-C5
BOCA RATON FL 33487
US**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

PMB 205 20423 ST. RD 7

Suite, Apt. #, etc.

F-6

City & State

Boca Raton, FL

Zip

33498

Country

USA

2a. Mailing Address

PMB 205 20423 ST. RD 7

Suite, Apt. #, etc.

F-6

City & State

Boca Raton, FL

Zip

33498

Country

USA

9. Name and Address of Current Registered Agent

ARESTY, JAMIE

7491 NORTH FEDERAL HIGHWAY

#148

BOCA RATON FL 33487

3. Date Incorporated or Qualified

10/03/1996

4. FEI Number

65-0699364

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

19510 Saturnia Lakes Dr

83

84 City

Boca Raton

FL

85 Zip Code

33498

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
D
ARESTY, JAMIE
7491 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33487

☐ DELETE

☒ Change ☐ Addition
19510 Saturnia Lakes Dr
Boca Raton, FL 33498

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
D
ARESTY, MAURICE
282 NORTHWEST 69TH STREET
BOCA RATON FL 33487

☐ DELETE

☒ Change ☐ Addition
19510 Saturnia Lakes Dr
Boca Raton, FL 33498

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ DELETE

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ DELETE

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ DELETE

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ DELETE

☐ Change ☐ Addition

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.

SIGNATURE:

Signature Required
Signature and typed or printed name of signing officer or director

2-2-99

561-487-8778

CR2E034 (5/99)