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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000084938 (5)

C&C ENTERPRISE HOLDINGS, INC.

Mailing Address Principal Place of Business 11350 66TH ST N. SUITE 109 11350 66TH ST N. SUITE 109 LARGO FL 33773-5524 LARGO FL 34643 3. Date Incorporated or Qualified 3a. Date of Last Report 10/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number **Applied For** 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt # etc. \$8.75 Additional \Box Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Zφ Country 6. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARCIA, CARLOS M 11350 66TH ST N, SUITE 109 Street Address (P.O. Box Number is Not Acceptable) 62 **LARGO FL 34643** 83 84 City 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 Segmentre: Typico or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE Change 1.1 T(T) F TITLE GARCIA, CARLOS M 1.2 NAME 11350 66TH ST N, SUITE 109 1.3 STREET ADDRESS STREET ADDRESS LARGO FL 34643 C-TY - ST- ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TOTLE TILLE NAM: 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CHY-SI-ZIP ☐ DELETE Change ___ Addition 3.1 TITLE TITLE 3.2 NAME NAM: 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - \$1 - 7/P ■ DELETE 4.3 TITLE Change Addition TITLE 4. 2 NAME NAM 4.3 STREET ADDRESS STREET ADDRESS CHY-ST-7P 4.4 CITY-ST.-ZIP DELETE Change ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY - S1 - 7IP Change Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

SIGNATURE:

STREET ACCIDESS

CITY-ST-ZIF

NATURE AND TYPED OR PRINTED HARTE OF SIGNING OFFICER OR DIRECTOR

4-17-97

FILED

Apr 28 1997 8:00am

Secretary of State

813-546-78/3