FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000015211

1. Corporation Name

CCI OF VERO, INC.

FILED									
Apr 29, 1999 8:00 am									
Secretary of State									

04-29-1999 90100 005 ***150.00



Principal Place of Business Mailing Address									
INDIAN RIVER MALL 2499 GLADES ROAD 6200 20TH STREET ROOM 496 SUITE #106-B						!			
6200 20111 ST VERO BEACH		BOCA RATON FL 3343:	SUITE #106-B			DO NOT WRITE IN "HIS SPACE			
US	116 32300	US US				3. Date Incorporated or Qualifed			
						02/13/1997			-
2 Principal	Place of Business	2a. Mailing Address				4. FEI Number Applied For			1
21	Tidd of Business	26				65-0732248	<u> </u>	ot Applicable	1
Suite, Apt	t. #. etc.	Suite, Apt. #, etc.				_ \$		Additional	1
22		· ·	27			E Continate of Status Desired		equired	
City & Sta	ate	City & State				6. Election Campaign Financing	5 00	May Be	1
23		28						to Fees	Ì
Zip	Co intry	Zip Co				8. This corporation owes the current year Intangib	le .		1
24	25	29	30			Personal Property Tax.		□No	1
	9. Name and Address of Curre	t Registered Agent				10. Name and Address of New Registered Ager	it		1
				81	Name				
	GEL, NAT			82	Chronet it didn	ess (P.O. Box Number is Not Acceptable)			4
	99 GLADES ROAD			02	Street Addr	ess (F.O. Box Number is Not Acceptable)			
l	ITE 106			83					1
BO	CA RATON FL 33431			\sqcup			τ		-
l				84	City	f=1 ⁸⁵	Zip	Code	
11 Pursuan	t to the provisions of Sections 607.050	2 and 607.1508. Florida State	ites, the a	bove	-named corp	oration submits this statement for the purpose of chan	ging its	registered	1
office or	registered agent, or both, in the State am familiar with, and accept the obliga-	of Florida. Such change was:	authorized	l bÿʻl	the corporatio	on's board of directors. I hereby accept the appointment	it as πe	gistered	İ
ĺ	, ,	illons of, agelloff our losos, i i	Uliua Stati	JICS.					
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NC)	TE: Registered	Ágent	signature required	d when reinstatin() DATE			ے ا
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DI	RECTO	RS IN 12]
TITLE	P	☐ DELETE	1.1 TO	1.1 TITLE			Change	Addition] ;
NAME	CONSENTINO, JAMES A	1.2 NA							3
STREET ADDF ESS	AGGE CHARGES STREET			REET	ADDRESS				1
CITY-ST-ZIP	CHEEKTOWAGA NY 14225		1.4 CT	TY-ST	-ZIP				1 8
TITLE		☐ DELETE	2.1 TIT	ΠE			Change	☐ Addition] {
NAME			2.2 NA	ME					}
STREET ADDF ES	s		2.3 ST	REET	ADORESS				l
CITY-ST-ZIP			2. 4 CI	TY-ST	T-ZIP				1
TITLE		☐ DELETE	3.1 Tr	ΠE			Change	Addition	1
NAME			3.2 NA	ME					
STREET ADDRESS	s		3.3 ST	REET.	ADDRESS				1
CITY-ST-ZIP			3.4. CI	TY-ST	r-ZIP				
TITLE		☐ DELETE	4.1 TIT				Change	Addition	1
NAME			4.2 N	AME	1				1
STREET ADDRESS	s		4 3 ST	REET.	ADDRESS				1
CITY-ST-ZIP				TY-ST	i				1
TITLE		☐ DELETE	5.1 T(1	_			Change	Addition	1
NAME			5.2 NA				-		
STREET ADDR :S	s		5.3 ST	REET	ADDRESS				
CITY-ST-ZIP			5.4 CIT	TY-ST	- ZIP				
TITLE		DELETE	6.1 TIT		+-		Change	Addition	1
NAME		_ : :-	6.2 NA	ME			•		
STREET ADDRESS					ADDRESS				
	3)		6.4 CIT)
CITY-ST-ZIP			0.4 (4)	1-31	-411				1

14. I heret y 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 exportation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the my name appears in Block 12 or Block 15 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICE OR DIRECTOR