

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

FILED

Sep 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 97000040038
1. Corporation Name

COMPLETE COMPANY MANAGEMENT,
INC.

Principal Place of Business
1505 S.E. 40th Str.
Suite C
Cape Coral FL 33904

Mailing Address
Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1505 SE 40th Str. Suite, Apt. #, etc. 22 Suite C City & State 23 Cape Coral FL Zip 24 33904	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA
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3. Date Incorporated or Qualified 5/6/97	4. FEI Number 690751385	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name Robert J. LaRocco
	82 Street Address (P.O. Box Number is Not Acceptable) 1505 SE 40th Str
	83 Suite C
	84 City Cape Coral FL 85 Zip Code 33904

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, 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: Robert J. LaRocco Robert J. LaRocco 8/27/98
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	11 TITLE Director 12 NAME Robert J. LaRocco 13 STREET ADDRESS 1505 SE 40th Street, Suite C 14 CITY - ST - ZIP CAPE CORAL FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP 600002631626 -09/04/98--01001--041 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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:

Robert J. LaRocco Director 8/27/98 941-548-9499

CR2E034 (10/97)

(2)

H. S. BLAIR & ASSOCIATES, INC.

A PROFESSIONAL ACCOUNTING AND CONSULTING FIRM
STEUERBERATER & WIRTSCHAFTSBERATER

DR. ROBERT J. LA ROCCO, M.B.A.
TAX CONSULTANT
STEUERBERATER

PENNYLYNN TREALOU, M.A., C.P.A.
CERTIFIED PUBLIC ACCOUNTANT
WIRTSCHAFTSPRÜFER

Friday, August 28, 1998

FL. Department of State
Division of Corporations
P.O.Box 6327
Tallahassee FL 32314

Re.: Annual Report - COMPLETE COMPANY MANAGEMENT, INC.

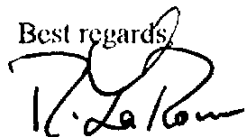
Ladies and Gentlemen:

With this please find the annual report for Complete Company Management, Inc., together with a check in the amount of \$150.00.

No preprinted forms have been received, therefore, we are using a photocopy of a blank form. Please note the new mailing address, the building at the previous address has burned down.

Please call us if you have any questions.

Best regards/



R. La Rocco

“WIR SPRECHEN IHRE SPRACHE !”