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

04-29-1999 90099 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P97000065299**1. Corporation Name

CCI OF JENSEN BEACH, INC.

									40 111 14 11 FB11		
Principal Place	of Business	N	lailing Address					, , , , , , , , , , , , , , , , , , , ,			
3201 NW FEDERAL HWY			2499 GLADES ROAD								
JENSEN BEACH FL 34957 US			SUITE #106-B BOCA RATON FL 33431					DO NOT WRITE IN THIS SPACE			
		U	\$				1	Date Ir corporated or Qualife	d		Ì
								07/28/1997			
2. Principa Pl	ace of Business	2a	. Mailing Address				1	FEI Number		Ap	plied For
21		26					(65-0774203		No.	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. (5. Certificate of Status Desired Securification Status Desired Fee Recuired				
22 City & S:ate			City & State				Electio i Campaign Financin		\$5.00	Mari Po	
23			28			l l	Trust Fund Contribution		Added t	- 1	
Zip	Country		Zip	Cou	ntry			This corporation owes the co	ırrent vear li	ntangible	
24	25	29	29 30					Personal Property Tax.			
24	9. Name and Address		stered Agent					Name and Address of Nev	Registere	d Agent	
	<u> </u>		<u> </u>		81	Name					
SIEG	EL, NAT										
2499 GLADES ROAD SUITE 106					82	Street /	Address (P.	ddress (P.O. Box Number is Not Acceptable)			
	A RATON FL 33431				83						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				84	City			F	85 Zip (Code
office or re	to the provisions of Sectio egistered agent, or both, it m familiar with, and accep	n the State of Flori	ida. Such change was	autnorized	ιру	тпе согра	corporation oration's boa	submits this statement for the ard of cirectors. I hereby acc	ne numose i	of changing its	registered gistered
SIGNATURE											
SIGNATURE	Signature, typed or printed name of	registered agent and title	e if applicable. (NO	∏:: Registered	Agen	t signature re	equ red when rei	instating)	DATE		
12.	OF	FICERS AND DIR	ECTORS	13.			A	DDITIONS/CHANGES TO C	FFICERS /		
TITLE	P		☐ DELETE	1.1 TE	LE					☐ Change	☐ Addition
NAME	CONSENTINO, JAMÉ	SA		1.2 N	ME						
STREET ADDRE IS	4225 GENESSEE STR	REET		1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	CHEEKTOWASA NY	14225		1.4 CI	TY-S1	r-ZIP					
TITLE			☐ DELETE	2.1 TI	ΓLE					☐ Change	Addition
NAME				2.2 N	WE						
STREET ADDRESS				2.3 ST	RFF1	ADDRESS					
				2.4 C							
CITY-ST-ZIP TITLE			☐ DELETE	3.1 TI	_	1-21		.,.		Change	☐ Addition
			_	3.2 N/						•	
NAME						LADDOESS					İ
STREET ADDRE 3S						ADDRESS					
CITY-ST-ZIP			DELETE	3.4. C		T-ZIP	<u> </u>			Change	☐ Addition
TITLE			☐ DELETE	4.1 TI							
NAME				4. 2 N							
STREET ADDRESS				4.3 ST	REET	ADDRESS					
CITY-ST-ZIP				4.4 CI		T-ZIP	<u> </u>				
TITLE			☐ DELETE	5.1 TI						☐ Change	Addition
NAME				5.2 N/							
STREET ADDRESS				5.3 \$1	REET	ADDRESS					
CITY-ST-ZIP				5.4 CI		T-ZIP	<u>L</u>				
TITLE			☐ DELETE	6.1 TI	ΠE	7				Change	☐ Addition
NAME				6.2 NA	ME						
OTDEET ADDDEE:0				6.3 ST	REET	ADDRESS	\ \				1

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 cortify 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 accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attach nent with an address, with a lother like empowered.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZiP