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Jul 23 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 # **P97000089620 (3)**

1. Corporation Name

CCI ACQUISITION, INC.



Principal Place of Business

Mailing Address

**2970 CLAIRMONT RD., STE. 950
ATLANTA GA 30329**

**2970 CLAIRMONT RD., STE. 950
ATLANTA GA 30329**

**1765 THE EXCHANGE STE 300
ATLANTA GA 30339**

**1765 THE EXCHANGE STE 300
ATLANTA GA 30339**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1997

2. Principal Place of Business

2a. Mailing Address

21 1765 THE EXCHANGE STE.

26 1765 THE EXCHANGE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 300

27 STE 300

City & State

City & State

23 ATLANTA GA

28 ATLANTA GA

Zip

Country

Zip

Country

24 30339

25

29 30339

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81 Name

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

83

84 City

FL

85 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

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 **D** ☐ DELETE

NAME **FINE, FREDERICK L**
STREET ADDRESS **2970 CLAIRMONT RD., STE. 950**
CITY-ST-ZIP **ATLANTA GA 30329**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **PRICE, JAMES K**
STREET ADDRESS **2970 CLAIRMONT RD., STE. 950**
CITY-ST-ZIP **ATLANTA GA 30329**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.5 CITY-ST-ZIP ☐ Change ☐ Addition

2.6 CITY-ST-ZIP ☐ Change ☐ 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 13 if changed on an attachment with address.

CR2E034 (10/97)