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PROFIT CCRPORATION ANNUAL REPORT

1999



DOCUMENT # P98000013816

C & C ENTERPRISES OF SW FLORIDA, INC.

FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90024 021 ***150.00

Principal Place of Business Mailing Address 2121 PINE RIDGE BOAD 2121 PINE RIDGE ROAD NAPLES FL 34109 NAPLES FL 34109 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/11/1998 Applied For 2. Principal Place of Business 2a. Mailing Address -Nu nbei Not Applicable 21 26 \$8.75 Acditional Suite, Apt. #, etc. Suite, Art. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 Nay Be City & State 6. Election Campaign Financing Trust F and Contribution Added to Fees 23 Country Zip Coun ry Zip 8. This corporation owes the current year Intangible []No 30 Person at Property Tax. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registere I Agent 81 PINTER, MICHAEL R ESQ 82 Street Address (P.O. Box Number is Not Acceptable) 4328 CORPORATE SQUARE SUITE C 83 NAPLES FL 34104 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statures, the above-named co poration submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or Florida. Such change was a uthorized 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, Fk rida Statutes. Pinter I Michael SIGNATURE DATE ADDITIC NS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 TITLE TITLE NAME WIMBERG, CHRISTOPHER G 12 NAME 4660 TURNSTONE COURT 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 21119 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change 2.1 TITLE TITLE **CUNNINGHAM-WIMBERG**, CYNTHIA 2.2 NAME NAME **4660 TURNSTONE COURT** 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34119 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 3 1 TITLE ☐ Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP City-St-ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereb / certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 (3)(i). Florida Statutes, if 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 composition or the receiver or trustee empowered to execute this report as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address, with a lother like empowered

Daytime Phone #

CR2E034 (11/98)