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UCR 1/994

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000013915**

1. Corporation Name
CORPORATE COMMUNICATIONS SOLUTIONS, INC.



Principal Place of Business
**11900 BISCAYNE BLVD STE 250
 MIAMI FL 33181**

Mailing Address
**11900 BISCAYNE BLVD STE 250
 MIAMI FL 33181**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **5358 SW 34th TERRACE**
 Suite, Apt. #, etc.
 22
 City & State
 23 **Hollywood, FL**
 Zip Country
 24 **33312** 25 **USA**

2a. Mailing Address
 26 **5358 SW 34th TERRACE**
 Suite, Apt. #, etc.
 27
 City & State
 28 **Hollywood, FL**
 Zip Country
 29 **33312** 30 **USA**

3. Date Incorporated or Qualified
02/11/1998

4. FEI Number
65-0817878
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**DIAMOND, KEITH D
 46 SW FIRST ST 4TH FL
 MIAMI FL 33130**

10. Name and Address of New Registered Agent
 81 Name **FRIEDMAN, ALBERT**
 82 Street Address (P.O. Box Number is Not Acceptable)
5358 SW 34th TERRACE
 83
 84 City **Hollywood, FL** 85 Zip Code **33312**

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 **Albert Friedman**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/99
 DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FRIEDMAN, ALBERT | |
| STREET ADDRESS | 11900 BISCAYNE BLVD STE 250 | |
| CITY-ST-ZIP | MIAMI FL 33181 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FRIEDMAN, BETH | |
| STREET ADDRESS | 11900 BISCAYNE BLVD STE 250 | |
| CITY-ST-ZIP | MIAMI FL 33181 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | FRIEDMAN, ALBERT | |
| 1.3 STREET ADDRESS | 5358 SW 34th TERRACE | |
| 1.4 CITY-ST-ZIP | HOLLYWOOD, FL 33312 | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | FRIEDMAN, BETH | |
| 2.3 STREET ADDRESS | 5358 SW 34th TERRACE | |
| 2.4 CITY-ST-ZIP | Hollywood, FL 33312 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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, with all other like empowered.

SIGNATURE: **Albert Friedman**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 **208 (954) 893-8334**
 Date Daytime Phone #

CR2E034 (1/198)