

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

0194326

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000025899**

1. Corporation Name

CCR OF LAKE LAS VEGAS GP, INC.

99 FEB 11 PM 2:04

FILED

SECRETARY OF STATE



Principal Place of Business 3250 MARY ST., STE. 500 MIAMI FL 33133	Mailing Address 3250 MARY ST., STE. 500 MIAMI FL 33133
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country

9. Name and Address of Current Registered Agent

PELTZ, ARVIN
3250 MARY ST., STE. 500
MIAMI FL 33133

81 Name

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

83

84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1998

4. FEE Number

☒ 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. Has corporation given the current year Intangible Personal Property Tax

☐ Yes ☐ No

10. Name and Address of New Registered Agent

600002781086-4
-02/19/99-01088-009
****150.00 PL ****150.00

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 this 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 or state if applicable

Date, typed or printed name of registered agent or state if applicable

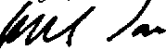
Date

12. OFFICERS AND DIRECTORS	
TITLE	D [DELETE]
NAME	WEISER, SHERWOOD M
STREET ADDRESS	3250 MARY ST., STE. 500
CITY-ST-ZIP	MIAMI FL 33133
TITLE	D [DELETE]
NAME	LEFTON, DONALD E
STREET ADDRESS	3250 MARY ST., STE. 500
CITY-ST-ZIP	MIAMI FL 33133
TITLE	D [DELETE]
NAME	TEMLING, W. PETER
STREET ADDRESS	3250 MARY ST., STE 500
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D [DELETE]
NAME	STURGES, ROBERT B.
STREET ADDRESS	3250 MARY ST., STE 500
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	[DELETE]
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/P [Change] [Addition]
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[Change] [Addition]
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V/T/S [Change] [Addition]
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V [Change] [Addition]
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[Change] [Addition]
NAME	
STREET ADDRESS	
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(4)(g), 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Peter Temling, Vice President, 1/13/99 (305)445-4200

CR2E034 (11/99)