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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## P98000043478V DOCUMENT #

Corporation Name C&C Enterprises of NUF, Inc.

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90254 031 \*\*\*150.00

\ \ \s_{\s}	
Principal Place of Business Mailing Address	
7509 Pine Meadow Loop	
Pace, FL. 32571	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualifed
	5-8-98
Principal Place of Business     2a. Mailing Address	4. FEI Number Applied For
21 7509 Pine Meadows Loop 26	<b>5</b> 9 - 35 106 48 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	5. Certificate of Status Desired   \$8.75 Additional Fee Required
City & State City & State	6. Election Campaign Financing \$5.00 May Be
23 Pace, FL \$ 28	Trust Fund Contribution Added to Fees
Zip Country Zip Co	ountry 8. This corporation owes the current year Intangible
24 32571 25 Sante Rosa 29 30	Personal Property Tax.
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Charles D. East Jr.	81 Name
Description of	82 Street Address (P.O. Box Number is Not Acceptable)
7509 Pine Merdans Loop Pace, FC 3257/	
Pace, FL 32571	83
, , , , , , , , , , , , , , , , , , , ,	84 City 85 Zip Code
	FL   S   E   S   S   S   S   S   S   S   S
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 fa/fillia/fwith, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE ( LL O 6)	4-25-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere	ad Agent signature required when reinstating)  DATE
12. OFFICERS AND DIRECTORS 13	
	TITLE Change CAddition 5
10.00	VAME 0
	STREET ADDRESS
	CITY-ST-ZIP Change Addition C
	Orlange Creation -
NAME CHOS K. East	NAME
	STREET ADDRESS
	CITY-ST-ZIP ☐ Change ☐ Addition
	VAME
	STREET ADDRESS
	CITY-ST-ZIP Change Addition
	NAME
	STREET ADDRESS
	CITY-ST-ZIP Change Addition
523	IAME
TOTAL	STREET ADDRESS
STREET ADDRESS	
077/ 07 78B	
CINE CALL	PIZ-TS-YTC
TITLE DELETE 6.11	CITY-ST-ZIP Change Addition
TITLE DELETE 6.1 T	PIZ-TS-YTC

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 chapter 607, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR