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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90014 029 ***150.00

FILED

1999

DOCUMENT # P98000049892

1. Corporation Name

CUSTOMER CENTRIC SYSTEMS, INC.

Principal	Place	of	Business

Mailing Address

334 EAST LAKE RD., STE, 259

334 EAST LAKE RD., STE. 259



3. Date Incorporated or Qualifed 06/02/1998 2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Require 6. Election Campaign Financing Added to Fee Require 7. City & State 7. City & State 8. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent FELDMAN, JOHN G 5446 STALLION LAKE DR. 3. Date Incorporated or Qualifed 06/02/1998 4. FEI Number 5 Certifcate of Status Desired Fee Require 6. Election Campaign Financing Added to Fee Require 7. Trust Fund Contribution Added to Fee Require 8. This corporation owes the current year Intangible Personal Property Tax. Yes Fee Require 8. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of New Registered Agent 8. Name 8. Name 8. Name 8. Street Address (P.O. Box Number is Not Acceptable)	plicable ional ed Be es
2. Principal Place of Business 2a. Mailing Address 25 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	plicable ional ed Be es
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Zip Country Zip Not Apericable Added to Fe Personal Property Tax. Yes Are Property Tax. Yes Are Name FELDMAN, JOHN G	plicable ional ed Be es
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Zip Country Zip Country Zip Country Zip Country Zip Country Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Require Fee Require Fee Require State Fruit Fund Contribution Added to Fee Registered Agent Suite, Apt. #, etc. Fee Require Status Desired Fee Require Fee Require Status Desired Fee Require Status Desired	ional ed Be · · · · · · · · · · · · · · · · · ·
27 5. Certificate of Status Desired Fee Require	Be · · · · · · · · · · · · · · · · · · ·
City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fe Trust Fund Contribution Added to Fe Added to Fe Trust Fund Contribution Added to Fe Personal Property Tax. Personal Property Tax. Personal Property Tax. Presonal Property Ta	Be · · · · · · · · · · · · · · · · · · ·
Trust Fund Contribution Added to Fe Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes Average 9. Name and Address of Current Registered Agent FELDMAN, JOHN G Trust Fund Contribution Added to Fe Registered to Fe Registered Agent 8. This corporation owes the current year Intangible Personal Property Tax. Yes Average Agent 10. Name and Address of New Registered Agent 81 Name	io
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 81 Name FELDMAN, JOHN G 92. Street Address (R.O. Rev. Number in Net Acceptable)	10
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FELDMAN, JOHN G Personal Property Tax. Yes Introduction of New Registered Agent 81 Name Personal Property Tax. Yes Introduction of New Registered Agent 81 Name Personal Property Tax. Yes Introduction of New Registered Agent	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FELDMAN, JOHN G 12. Street Address (R.O. Rev. Number is Next Accordable)	
FELDMAN, JOHN G 81 Name 82 Street Address (B.O. Rev Number is Not Acceptable)	
FELDMAN, JOHN G	
3448 3 (H) (H) (DR F 1 H)	
PALM HARBOR FL 34685	
1 ADII I IAIDOIT I E 07000	
84 City 85 Zip Code	
FL S FL	atarad .
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 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.	red
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	N 12
	Addition
NAME FELDMAN, JOHN G 12 NAME	
STREET ADDRESS 5446 STALLION LAKE DR. 1.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 34685 1.4 CITY-ST-ZIP]
	Addition
NAME 2.2 NAME	ľ
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE Change	Addition
NAME 3.2 NAME	1
STREET ADDRESS 3.3 STREET ADDRESS	ļ
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TITLE DELETE 5.1 TITLE Change	Addition
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STREET ADDRESS 5.3 STREET ADDRESS	}
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
	Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	ſ
CITY-ST-ZIP 6.4 CITY-ST-ZIP	

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: