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## 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

## DOCUMENT # P98000057310

CICC MA	ANAGEMENT GROUP, INC.				
Drivers of Disco	n of Puninger	Mailing Address			
Principal Place of Business Mailing Address  2911 GRAND AVENUE. #4A  COCONUT GROVE FL 33133 COCONUT GROVE FL 33133					DO NOT WRITE IN THIS SPACE
	•				3. Date Incorporated or Qualifed
	•				06/26/1998
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26				A 25	65-0849428 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			C		5. Certificate of Status Desired  \$8.75 Additional
27					5. Certificate of Status Desired
City & State         City & State           23         28			-		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country		Zip Country		8. This corporation owes the current year Intangible
24		25 29 30		·	Personal Property Tax.
24	9. Name and Address of Curren	<u> </u>	12.1		10. Name and Address of New Registered Agent
81 Name				GUV KATHE	
THOMSON, JOHN M				82 Street Ad	Idress (P.O. Box Number is Not Acceptable)
370 MINORCA AVENUE #1					2911 Grand Ave, #4A
CORAL GABLES FL 33134				83	,
				84 City	Coconut Grove FL 85 Zip Code 33133
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					
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 200, Florida Statutes.					
SIGNATURE  Signature, typed or printed name of poststered spent and title if applicable. (NOTE: Registe/ed Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13.	dour arithment 4	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELE	TE 1.1 TITL	£	☐ Change ☐ Addition
NAME	KATHE, GUY		1.2 NAM	AE	
STREET ADDRESS	2911 GRAND AVENUE, #4A		1.3 STR	EET ADDRESS	
CITY-\$T-ZIP	COCONUT GROVE FL 33133		1.4 CIT	Y-ST-ZIP	<u>.                                    </u>
TITLE		☐ DELE	TE 2.1 π/L	E	DIRECTOR ☐ Change ☑ Addition
NAME			2.2 NAM	AE .	JAMES EAGLETON
STREET ADDRESS	المعادية المحادث		2.3 STR	EET ADDRESS	2911 GRAND AVE, #4A= COCONUT GROVE, FL 33133
CITY-ST-ZIP			2.4 CIT	Y-ST-ZIP	COCONUT GROVE, FL 33133
TITLE		☐ DELE	TE 3.1 TITL	£	☐ Change ☐ Addition
NAME			3.2 NAM	/E	
STREET ADDRESS			3.3 STR	REET ADDRESS	
CITY-ST-ZIP			3,4. CIT	Y-ST-ZIP	
TITLE		☐ DELE	FE 4.1 ΠΠ	.E	☐ Change ☐ Addition
NAME			4. 2 NA	ME	
STREET ADDRESS	. ,		4.3 STF	REET ADDRESS	
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	
TITLE		☐ DELE	TE 5.1 TITL	E	☐ Change ☐ Addition
NAME			. 5.2 NAM	ME	
	1	••	5.3 STR	REET ADDRESS	A 7

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ DELETE

☐ Change

☐ Addition