


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90009 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000060674			
1. Corporation Name CCMI MANAGEMENT, INC.			
Principal Place of Business 7686 WILES ROAD CORAL SPRINGS FL 33067		Mailing Address 7686 WILES ROAD CORAL SPRINGS FL 33067	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 07/09/1998	
21	2a. Mailing Address	4. FEI Number 65-0869354	
Suite, Apt. #, etc.		Applied For Not Applicable	
22	2b. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	2c. Mailing Address	7. Trust Fund Contribution <input type="checkbox"/>	
City & State		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	2d. Mailing Address	9. Name and Address of Current Registered Agent	
City & State		10. Name and Address of New Registered Agent	
Country		11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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.	
Zip		12. Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature required when reinstating.)	
Country		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Country		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.	
Country		15. SIGNATURE: <i>[Signature]</i> 4/29/99 954-758-6500	
Country		16. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	



CR2E034 (11/98)