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 # P98000097862

1, Corporation Name

CALL CENTER COMMUNICATIONS CORPORATION CALL CENTER COMPLIANCE, INC.

•	-
Principal Place of Business	Mailing Address
12753 TULIPWOOD CIRCLE BOCA RATON FL 33428	12753 TULIPWOOD CII BOCA RATON FL 3342

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90097 026 ***158.75



Principal Place	e of Business	Mailing Address						
12753 TULIPWO	DOD CIRCLE	12753 TULIPWOOD CIRC	LE				•	
BOCA RATON FL 33428		BOCA RATON FL 33428	BOCA RATON FL 33428		DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	THIS SPACE		
					11/18/1998			
2. Principal Pl	Principal Place of Business 2a. Mailing Address		4. FEI Number	Ap	plied For			
21 26			65-0872867		t Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.		. 	Certificate of Status Desired	\$8.75				
27					Fee Re	quired		
City & State City & State			6. Election Campaign Financing	\$5.00	, ,			
23		28			Trust Fund Contribution	Added t	o Fees	
Zip	Country			8. This corporation owes the current ye		-x.		
24	25	25 29 30		Personal Property Tax. Yes No				
<u></u>	9. Name and Address of Curr	ent Registered Agent		<u>al 51°</u>	10. Name and Address of New Regist	ered Agent		
MIDE	DLETON, DAVID L		<u> </u>	31 Name				
	53 TULIPWOOD CIRCLE			32 Street A	ddress (P.O. Box Number is Not Acceptable)			
	A RATON FL 33428					-		
600	A NATON FL 33420		'	13			1	
	•	•	l _i	34 City		85 Zip (Code	
					orporation submits this statement for the purpo	FL " T		
	Signature, typed or printed name of registered a	<u> </u>	- i -	gent signature re	pured when reinstating) DA			
12.	OFFICERS A	AND DIRECTORS	13.	 T	ADDITIONS/CHANGES TO OFFICER	C) Change	Addition	
TITLE		C DETELE			P	[] ontaings	Z , iouille ii	
NAME			1.2 NAM	<u> </u>	David L. Middleton 12753 Tulipwood Circle BOCA RATEN FL 33428			
STREET ADDRESS		•		EET.ADORESS	P Compression of Table			
CITY-ST-ZIP		✓ □ DELETE			BOCA KATON FL 33920	☐ Change	Addition	
TITLE		, M Dereie	2.1 TITL				(
NAME			2.2 NAM	Į.	•		-	
STREET ADDRESS	******		-	EET ADORESS				
CITY-ST-ZIP		☐ DELETE	2. 4 CIT	r-ST-ZIP		☐ Change	Addition	
TITLE								
NAME			3.2 NAN	Ĩ	·		1	
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP	<u> </u>	☐ DELETE	3.4. CIT 4.1 TITL	/-ST-ZIP		Change	Addition	
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NAME	,		,,_,,					
STREET ADDRESS				EET ADDRESS	•			
CITY-ST-ZIP		DELETE	5.1 TITL	-ST-ZIP		Change	Addition	
TITLE			5.1 IIIL	- 1				
NAME.	• •			EET ADDRESS				
STREET ADDRESS			1	-ST-ZIP	,			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITL			Change		
TTILE			0.1111	-		ri ounde		
	Committee of the Commit		R 2 NAK	⊭			I	
NAME STREET ADDRESS	f		6.2 NAM	EET ADORESS				

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.

SIGNATURE:

Down D. M. Ballow, President