

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90041 012 \*\*\*150.00

DOCUMENT # P99000041662

1. Entity Name  
CCLC MANAGEMENT COMPANY, INC.



Principal Place of Business  
150 WESTON ROAD  
SUNRISE, FL 33326

Mailing Address  
150 WESTON ROAD  
SUNRISE, FL 33326



03242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>65-0930192                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CCLC MGMT CO INC  
JOAN AUFRICTIG  
150 WESTON RD  
SUNRISE, FL 33326

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Joan Aufrechtig Secy / Trust* JOAN AUFRICTIG 3/30/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>AGER, BRIAN<br>150 WESTON ROAD<br>SUNRISE, FL 33326      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>AGER, EILEEN<br>150 WESTON ROAD<br>SUNRISE, FL 33326     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | ST<br>AUFRICTIG, JOAN<br>150 WESTON ROAD<br>SUNRISE, FL 33326 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joan Aufrechtig Secy / Trust* 3/30/04 954-389-8245  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #