

FILED

05-04-2000 90096 025 ***150.00

CC3 EQUITY CORPORATION

Mailing Address
222 LAKEVIEW AVE. 17TH FLOOR
WEST PALM BEACH FL 33401-6150

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip	Country	Zip	Country
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Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FI	Zip Code
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8. The above **Pensary Corp** changing its registered office or registered agent, or both, in the State of Florida.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	VPIS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Patrick J. DiSalvo		
STREET ADDRESS	222 Lakewood Ave, 17th FL		
CITY - ST - ZIP	West Palm Beach, FL 33404		

TITLE	VP/AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Lawrence B. Juran		
STREET ADDRESS	222 Lakeview Ave, 17th Fl		
CITY-ST-ZIP	West Palm Beach, FL 33401		

TITLE	D/CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Rendina, Bruce A.		
STREET ADDRESS	222 Lakeview Avenue, 17 th Floor		
CITY-ST-ZIP	West Palm Beach, FL 33401		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick J. DiSalvo
Vice President

4/27/00 (561) 655-9008

CR2E034 (9/99)