FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S86697** **(7)**

1. Corporation Name

C.C. CENTER, INC.

Principal Place of Business

420 S DIXIE HWY
SUITE 2A
CORAL GABLES FL 33146

Mailing Address

420 S DIXIE HWY
SUITE 2A
CORAL GABLES FL 33146

3. Date Incorporated or Qualified **10/11/1991**	**3a.** Date of Last Report **01/20/1995**

4. FEI Number
65-0290013

Applied For / Not Applicable

2. Principal Place of Business	**2a.** Mailing Address	
21	**26**	
Suite, Apt. #. etc.	Suite, Apt. #, etc. **27**	
22	City & State **28**	
City & State		
23 Zip Country	Zip **29** Country **30**	
24 **25**		

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIDSON, LEONARD
420 S. DIXIE HIGHWAY
SUITE 2-A
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL **85** Zip Code

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

12.

TITLE	P	☐ DELETE
NAME	DAVIDSON, LEONARD S.	
STREET ADDRESS	7601 SW 137 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	☐ DELETE
NAME	DAVIS, HAROLD	
STREET ADDRESS	8840 SW 150 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.

1 1 TITLE	☐ Change	☐ Addition
1.2 NAME		
1 3 STREET ADDRESS		
1 4 CITY - ST - ZIP	☐ Change	☐ Addition
2 1 TITLE		
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP	☐ Change	☐ Addition
3 1 TITLE		
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP	☐ Change	☐ Addition
4 1 TITLE		
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP	☐ Change	☐ Addition
5 1 TITLE		
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP	☐ Change	☐ Addition
6 1 TITLE		
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY - ST - ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ LEONARD S. DAVIDSON 3/11/96 305 667-4929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
President 305 233-9207