

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V39951 (1)  
1. Corporation Name  
CCOO, INC.

Principal Place of Business  
PO BOX 3988  
OCALA FL 34478  
US

Mailing Address  
PO BOX 3988  
OCALA FL 34478  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1992	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PEEK, ALBERT B  
1111 NE 25TH AVE.  
SUITE 503  
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name ~~Peck, ALBERT B~~  
82 Street Address (P.O. Box Number is Not Acceptable)  
1111 NE 25th Avenue  
83 Suite 102  
84 City Ocala FL 85 Zip Code 34470

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/20/97  
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PEEK, ALBERT			1.2 NAME	Peek, Albert		
STREET ADDRESS	756 SW M.L. KING BLVD			1.3 STREET ADDRESS	<del>P. O. Box 3988</del> 303 SE 15th Ave		
CITY-ST-ZIP	OCALA FL			1.4 CITY-ST-ZIP	Ocala, Florida 34478-3988 34471		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUDNIANYN, JOHN			2.2 NAME	Rudnanyin, John		
STREET ADDRESS	756 SW M.L. KING BLVD			2.3 STREET ADDRESS	101 N.E. 1st Avenue		
CITY-ST-ZIP	OCALA FL			2.4 CITY-ST-ZIP	Ocala, Florida 34470		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<del>Peck, Albert B.</del>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PEEK, ALBERT B			3.2 NAME	<del>P. O. Box 3988</del>		
STREET ADDRESS	1209 SE 15TH AVE.			3.3 STREET ADDRESS	<del>Ocala, Florida 34478-3988</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	OCALA FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE			
NAME	RUDNIANYN, JOHN			4.2 NAME			
STREET ADDRESS	101 NE 1ST AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 reports 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

CR2E034 (497)