

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90145 027 \*\*\*150.00

**DOCUMENT # F99000003219**

1. Entity Name  
**CC OUTLET, INC.**

Principal Place of Business      Mailing Address  
**2381 EXECUTIVE CENTER DRIVE**      **2381 EXECUTIVE CENTER DRIVE**  
**BOCA RATON FL 33431**      **BOCA RATON FL 33431-7321**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**13-3966497**      Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  **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 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>C</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>LEVIN, JERRY W</b>	<b>2381 EXECUTIVE CENTER DRIVE</b>	<b>BOCA RATON FL 33431</b>		
	<b>D</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>SHAPIRO, PAUL E</b>	<b>2381 EXECUTIVE CENTER DRIVE</b>	<b>BOCA RATON FL 33431</b>		
	<b>P</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>CROWTHER, GRAHAM</b>	<b>2381 EXECUTIVE CENTER DRIVE</b>	<b>BOCA RATON FL 33431</b>		
	<b>VP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>ISKO, STEVEN R</b>	<b>2381 EXECUTIVE CENTER DRIVE</b>	<b>BOCA RATON FL 33431</b>		
	<b>S</b>	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>ALLEN, BARBARA L</b>	<b>2381 EXECUTIVE CENTER DRIVE</b>	<b>BOCA RATON FL 33431</b>		
	<b>T</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>RICHTER, RONALD R</b>	<b>2381 EXECUTIVE CENTER DRIVE</b>	<b>BOCA RATON FL 33431</b>		
				<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>Secretary Barbara L. ALLEN</b>	<b>3600 N. Hydrolic</b>	<b>Wichita, KS 67219</b>		

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: Robert P. Jotto      4-11-2000      (561) 912-4900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #