

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
95 SEP -6 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000076603
1. Corporation Name
C-2-C ENTERPRISES, INC.

Principal Place of Business Mailing Address
**428 NORTHEAST 3RD AVE
FORT LAUDERDALE, FL 33301**

2. Principal Place of Business	2a. Mailing Address
21 428 NE 3RD AV	26 428 NE 3RD AV
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State FT. LAUDERDALE, FL	28 City & State FT. LAUDERDALE FL
24 Zip 33301	25 Country USA
	29 Zip 33301
	30 Country USA

3. Date Incorporated or Qualified OCT 6, 1995	3a. Date of Last Report
4. FEI Number 65-0629288	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**R. Honda Hollander #191
1861 N. Federal Highway
Hollywood, FL 33020**

10. Name and Address of New Registered Agent

81 Name R. Honda Hollander
82 Street Address (P.O. Box Numbers Not Acceptable) 1861 N. Federal Highway
83 #191
84 City Fort Lauderdale FL
85 Zip Code 33020

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporator submits this statement for the purpose of changing its registered office or registered agent. I, _____, 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]* 8-27-96

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME LOUIS V. MUSCARI	
STREET ADDRESS 1010 S. OCEAN DR	
CITY - ST - ZIP POMPANO BEACH, FL 33060	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME CARMELO J. MUSCARI	
13 STREET ADDRESS 953 NW 104TH WAY	
14 CITY - ST - ZIP LORAL SPRINGS, FL 33071	
21 TITLE V. PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME DONALD C. RUSSO	
23 STREET ADDRESS 3279-6 NW 44TH ST	
24 CITY - ST - ZIP FT. LAUDERDALE FL 33309	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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****230.00 ****230.00

[Signature] 8/17/96

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)(a), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* / **CARMELO J. MUSCARI** 8-27-96 954-767-0007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)