


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

1044871

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90089 047 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 629294**  
 1. Corporation Name  
**CURTIS FUCHS AGENCIES, INC.**



Principal Place of Business 1810 LAKE DR DELRAY BEACH FL 33444 US	Mailing Address 1810 LAKE DR DELRAY BCH FL 33444 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7335 Marsh Terr</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>7335 Marsh Terr</b> Suite, Apt. #, etc.
22 City & State 23 <b>Port St Lucie, FL</b>	27 City & State 28 <b>Port St. Lucie, FL</b>
24 Zip <b>34986</b> 25 Country <b>USA</b>	29 Zip <b>34986</b> 30 Country <b>USA</b>

3. Date Incorporated or Qualified <b>07/10/1979</b>	4. FEI Number <b>59-1918657</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**FUCHS, CURTIS**  
**1810 LAKE DR.**  
**DELRAY BCH FL 33444**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**7335 Marsh Terrace**  
 83  
 84 City **Port St. Lucie FL** 85 Zip Code **34986**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FUCHS, CURTIS</b>	
STREET ADDRESS	<b>1810 LAKE DR.</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>FUCHS, CURTIS</b>	
STREET ADDRESS	<b>1810 LAKE DR.</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>7335 Marsh Terrace</b>
1.4 CITY-ST-ZIP	<b>Port St. Lucie, FL 34986</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>7335 Marsh Terrace</b>
2.4 CITY-ST-ZIP	<b>Port St. Lucie, FL 34986</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Curtis Fuchs SIGNATURE RECORDED: CURTIS FUCHS Date: 3/16/99 Daytime Phone #: 561-467-1967

CR2E034 (11/98)