


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 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 629294
 1. Corporation Name
CURTIS FUCHS AGENCIES, INC.

Principal Place of Business Mailing Address

1810 LAKE DR
 DELRAY BEACH FL 33444
 US

1810 LAKE DR
 DELRAY BCH FL 33444
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 **7335 Marsh Terr** 26 **7335 Marsh Terr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

23 **Port St Lucie, FL** 28 **Port St. Lucie, FL**
 City & State City & State

24 **34986** 25 **USA** 29 **34986** 30 **USA**
 Zip Country Zip Country

3. Date Incorporated or Qualified
07/10/1979

4. FEI Number Applied For
59-1918657 Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes 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	PD	<input type="checkbox"/> DELETE
NAME	FUCHS, CURTIS	
STREET ADDRESS	1810 LAKE DR.	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FUCHS, CURTIS	
STREET ADDRESS	1810 LAKE DR.	
CITY-ST-ZIP	DELRAY BCH FL	
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	7335 Marsh Terrace
1.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7335 Marsh Terrace
2.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
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 **FUCHS** **3/16/99** **561-467-1967**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)