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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F59872** **(4)**

1. Corporation Name

BOB CURRAN & SONS CORP.

Principal Place of Business	Mailing Address
830 S NORTH LAKE DR HOLLYWOOD FL 33019-1311 US	830 S. NORTH LAKE DR. HOLLYWOOD FL 33019-1331 US

3. Date Incorporated or Qualified: **12/23/1981**
3a. Date of Last Report: **01/18/1995**

4. FEI Number: **65-0270443** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2208 N. 20 AVE	26 2208 N. 20 AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City, State: Hollywood FL	28 City & State: Hollywood FL
24 Zip: 33020 25 Country: BROWARD	29 Zip: 33020 30 Country: Broward

9. Name and Address of Current Registered Agent

CURRAN, ROSELINE L
830 S. NORTH LAKE DR.
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL.** 85 Zip Code

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 _____ (If the Registered Agent is changed, this must be signed by the new Registered Agent) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~ SECR/TREA.	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CURRAN, EDWARD L.		1.2 NAME		
STREET ADDRESS	830 S. NORTH LAKE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP		
TITLE	~~SE~~ PRESIDENT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CURRAN, ROSELINE L.		2.2 NAME		
STREET ADDRESS	830 S. NORTH LAKE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Roseline L. Curran 1-19-96 954-922-4651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)