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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F59872

1. Corporation Name

BOB CURRAN & SONS CORP.

Principal Place of Business Mailing Address									
2208 N. 20TH AVENUE 2208 N. 20TH AVENUE									
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020						DO NOT WRITE IN THIS	CDACE		
us us						DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE		
						12/23/1981			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21		26				65-0270443 Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	te	City & State				6. Election Campaign Financing	\$5.0	00 May Be	
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year In	tangible	•	
24	25	29 3	0			Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent		
0.15	DAN DOOF NE			81	Name				
CURRAN, ROSELINE L				82	Stroot Addro	dress (P.O. Box Number is Not Acceptable)			
	S. NORTH LAKE DR.			02	Oli Eel Addre	(1.O. DOX Humber is Not Acceptable)			
HOL	LYWOOD FL 33019			83				\$100 mg. 100 m	
			84	City		85 Z	Zip Code		
					•	FL pration submits this statement for the purpose of			
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	e of Florida. Such change was aut ations of, Section 607.0505, Florid	horized ta Statu	l by t utes.	the corporation	n's board of directors. I hereby accept the appo	intment as	3 registered	
	Signature, typed or printed name of registered age		_	Agent	signature required				
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	ST CHERNAL FRANCE			1.1 TITLE			☐ Chan	ige	
NAME	OOO O MODELLAYE OD		1.2 NA						
STREET ADDRESS			1.3 ST	1.3 STREET ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-S		-210				
TITLE	P	☐ DELETE	2.1 TITLE				☐ Chan	nge	
NAME	CURRAN, ROSELINE L.			MÊ		,			
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL			2. 4 CITY-\$T-ZIP					
TITLE		☐ DELETE	3.1 TITLE				Chan	nge	
NAME			3.2 NAME						
STREET ADDRESS	3.3		3.3 \$11	REET	ADDRESS				
CITY-ST-ZIP			3.4. CF	TY-ST	r-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Chan	nge [Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 ST	REET.	ADDRESS			1	
CITY+ST-ZIP			4.4 CITY-:		- ZIP				
TITLE	•	☐ DELETE	5.1 TITLE				☐ Chan	ige Addition	
NAME			5.2 NA	ME				}	
STREET ADDRESS			5.3 ST	REET	ADDRESS				
CITY-ST-ZIP			5.4 CIT						
TITLE		☐ DELETE	6.1 TIT				Chan-	ge	
NAME		_	6.2 NA	ME					
OTDEET 40000000	•		B .		ADDRESS			<u> </u>	

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 empowered to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

ATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ES 12/31/98 (954)922-455 Date Daytime Phofie #

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90009 006 ***150.00

CR2F034 (11/98)