

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

09 MAY -1 PM 2:22

VERO BEACH, FLORIDA

DOCUMENT # P93000065883 (9)

1. Corporation Name
THE CURIO SHOPPE, INC.

Principal Place of Business
**1185 DIXIE HIGHWAY
SUITE 3
VERO BEACH FL 32960
US**

Mailing Address
**955 4TH LANE
VERO BEACH FL 32962**

(DO NOT WRITE IN THIS SPACE)

3. Date (reorganized) or Qualified **09/22/1993** 3b. Date of Last Report **08/02/1994**
4. FE Number **65-0437521** Applied For Not Applied For
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
7. This corporation has adopted the uniform law number 1.001012 Florida Statutes Yes No

2. Principal Place of Business (21) 2b. Mailing Address (26)
State, Apt # etc (22) State, Apt # etc (27)
City & State (23) City & State (28)
Zip (24) Zip (29) County (30)

9. Name and Address of Current Registered Agent
**DISTL, SHELLY M
955 4TH LANE
VERO BEACH FL 32962**

10. Name and Address of Now 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 607.01(3) and 607.17(2), 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 607.01(3), Florida Statutes.

SIGNATURE _____ (Signature of Agent or Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IN US)	
12.1 NAME DP DISTL, SHELLY M	12.2 STREET ADDRESS 955 4TH LANE VERO BEACH FL	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.3 CITY, ST, ZIP VERO BEACH FL 32962		13.2 NAME	
12.4 NAME DVTS DISTL, DOUGLAS G	12.5 STREET ADDRESS 955 4TH LANE VERO BEACH FL	13.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 CITY, ST, ZIP VERO BEACH FL 32962		13.4 CITY, ST, ZIP	
12.7 NAME	12.8 STREET ADDRESS	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 STREET ADDRESS		13.6 NAME	
12.10 CITY, ST, ZIP		13.7 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME	12.12 STREET ADDRESS	13.8 CITY, ST, ZIP	
12.13 STREET ADDRESS		13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 CITY, ST, ZIP		13.10 NAME	
12.15 NAME	12.16 STREET ADDRESS	13.11 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 STREET ADDRESS		13.12 CITY, ST, ZIP	
12.18 CITY, ST, ZIP		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 NAME	12.20 STREET ADDRESS	13.14 NAME	
12.21 STREET ADDRESS		13.15 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 CITY, ST, ZIP		13.16 CITY, ST, ZIP	
12.23 NAME	12.24 STREET ADDRESS	13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.25 STREET ADDRESS		13.18 NAME	
12.26 CITY, ST, ZIP		13.19 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.27 NAME	12.28 STREET ADDRESS	13.20 CITY, ST, ZIP	
12.29 STREET ADDRESS		13.21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.30 CITY, ST, ZIP		13.22 NAME	
12.31 NAME	12.32 STREET ADDRESS	13.23 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.33 STREET ADDRESS		13.24 CITY, ST, ZIP	
12.34 CITY, ST, ZIP		13.25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.09(1)(b), Florida Statutes. I further certify that the information reflected 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 providing a true and accurate copy of this information for the use of the Division of Corporations in the report as required by Chapter 100, Florida Statutes, and that my name appears on Block 1, on this filing, in compliance with an address.

SIGNATURE: *Shelly M Distl*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR