

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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000037343 (5)
 1. Corporation Name
CACURI, INC.



Principal Place of Business 2640-A MITCHAM DRIVE TALLAHASSEE FL 32308	Mailing Address 2640-A MITCHAM DRIVE TALLAHASSEE FL 32308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1997	
21	22	26	27	4. FEI Number 59-3444671	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent CARROLL, FREDERICK III 2640-A MITCHAM DRIVE TALLAHASSEE FL 32308				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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CARROLL, FREDERICK III 520 SHORE STREET TALLAHASSEE FL 32308	<input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD RICHARDSON, SHARON C III 2011 TED HINES COURT TALLAHASSEE FL 32308	<input type="checkbox"/> DELETE	12 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TD CUTRIGHT, STEPHEN D III 3211 WYOMING COURT TALLAHASSEE FL 32312	<input type="checkbox"/> DELETE	13 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			14 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			15 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			16 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			17 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			18 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			19 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			20 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			21 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			22 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Attachment with an address.

SIGNATURE: *Fred Carroll* *Sharon R* *Stephen D* **1-15-98** **(950) 877-1099**

CR2E034 (10/97)