

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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90162 019 \*\*\*150.00

DOCUMENT # 180523

1. Corporation Name  
CURCIE BROTHERS, INC.

Principal Place of Business  
1918 HARRISON ST.  
114  
HOLLYWOOD FL 33020  
US

Mailing Address  
P.O. BOX 248  
BOX 248  
HALLANDALE FL 33008  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1954

4. FEI Number

59-0721777

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWIND, GEORGE  
500 AUSTRALIAN AVENUE, S.  
SUITE #600  
W. PALM BEACH FL 33401

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  
NAME CURCIE, NADINE  
STREET ADDRESS 1918 HARRISON STREET, SUITE #114  
CITY-ST-ZIP HOLLYWOOD FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE STD  
NAME MASHAMESH, PATSEY E.  
STREET ADDRESS 1918 HARRISON ST. #114  
CITY-ST-ZIP HOLLYWOOD FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VPD  
NAME CURCIE, JOSEPH E  
STREET ADDRESS 676 PALM COURT  
CITY-ST-ZIP GOODLAND FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VPD  
NAME CURCIE, ROSE MARY  
STREET ADDRESS 1970 SOUTH PARK ROAD  
CITY-ST-ZIP PEMBROKE PARK FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME HILL, MICHAEL W.  
STREET ADDRESS 900 E. ATLANTIC AVE. #13  
CITY-ST-ZIP DELRAY BEACH FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME ENGLAND, CONNIE  
STREET ADDRESS 1326 LAKECREST DR.  
CITY-ST-ZIP NORMAN OK

6.1 TITLE  
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

954-923-6484

Date

Daytime Phone #

CR2E034 (11/98)