**FILED** 

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90074 017 \*\*\*150.00

## 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 # 307728 1. Corporation Name

**CURRIE, PEAK & FRAZIER, INCORPORATED** 

COTINE,	, FEAR & FRAZIER, INCO	INFONKTED								
Principal Plac	e of Business	Mailing Address				i indian ilili shiil ideli isadin iladi iladi isadi i	11611 OLULA 81	AH UNU	, BARRE BI	<b>i</b> ii 1 <b>81</b> 1
•		<del>-</del>	<del>-</del>							
7550 SOUTHLA SUITE 105	IND GEVE	7550 SOUTHLAND BLVD SUITE 105								
ORLANDO FL 32809		ORLANDO FL 32809	ORLANDO FL 32809			DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualifed				
				_		08/01/1966				
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number		A	pplied	For
21		26			59-1149947		N	lot App	licable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del> </del>			5. Certifcate of Status Desired	\$		Addition	
22		27				9.			Require	<del></del> -
City & Stat	e	City & State	├ <b>¬</b> ′			6. Election Campaign Financing			<b>)</b> May	
23		28				Trust Fund Contribution			to Fee	es
Zip	Country	<u>-</u>	Zip Country			g. This corporation owes the current year			<b>Пъ</b>	. 1
24	25		10			Personal Property Tax.  10. Name and Address of New Registor		Yes	N	<u> </u>
	9. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New Registr	ared Agei			
CUR	RIE, WALTER F				1101110	·				
	HOFFNER AVE			82	Street Addres	ss (P.O. Box Number is Not Acceptable)				
ORL	ANDO FL 32812		ŀ	83	<del></del>					<del></del>
				٠3						
			[	84	City		FL 8	5 Zip	Code	
office or r	egistered agent, or both, in the Sta	JS02 and 607.1508, Florida Statutes ate of Florida. Such change was autiligations of, Section 607.0505, Florid	horized	by ti	named corpor he corporation	ation submits this statement for the purpose's board of directors. I hereby accept the a	se of char appointme	iging it nt as r	s regis egister	red
	Signature, typed or printed name of registered	<u> </u>	Registered /	Agent	signature required w	when reinstating) DA1	ſΕ			
12.		AND DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICER				
TITLE	PTD CURRIE WALTER F	☐ DELETE	1.1 TITU			•	Ш	Change		Addition
NAME	CURRIE, WALTER F		1.2 NA							)
STREET ADDRESS	3010 HOFFNER AVE.		1.3 STF	REETA	ADDRESS					
CITY-ST-ZIP	ORLANDO FL		1.4 CIT		ZIP					
TITLE		☐ DELETÉ	2.1 TIT		Ì		Ļ	Change		Addition
NAME			2.2 NA							
STREET ADDRESS					ADDRESS		·			ļ
CITY-ST-ZIP		- Driete	2. 4 CIT		ZIP		<del></del>	Change		Addition
TITLE		☐ DELETE	3.1 TITI				□'	Change	u	Addition
NAME			3 2 NA							1
STREET ADDRESS					DDRESS					ì
CITY-ST-ZIP		☐ DELETE	3.4. CIT		ZIP		<del></del>	Change		l Addition
TITLE		O OGGETE	4.1 TITL				٠ ـــ	Change	ت	Addition
NAME			4. 2 NA							
STREET ADDRESS			ł		DORESS					}
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CIT		ZIP			Change		Addition
		- Detele	5.1 TITL 5.2 NAM				Ш'	Unlaing B	Ц	ן המטונטה ן
NAME OTDEET ADDRESS					DORESS					ľ
STREET ADDRESS			5.4 CIT		İ					ļ
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL		<u> </u>			Change	<del></del>	Addition
NAME			6.2 NAN				٠.	- riunya	Ц	- 100010011
STREET ADDRESS					DORESS					
O INCLINUURESSI			= v v III							

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.

6.4 CITY-ST-ZIP

SIGNATURE: