SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

KURL, INC.

Mailing Address

FILED Aug 25, 1999 8:00 am Secretary of State

08-25-1999 90002 033 ***550.00

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Principal Place of Business			ailing Address							
10 S. ADAMS #2 SARASOTA FL 34236			S. ADAMS #2							
		SA	ARASOTA FL 34236			DO NOT WRITE	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	E IN THIS SI	ACL		7
						12/04/1972				1
• G to -t -t Ot			Mailing Address			4. FEI Number		I JAn	plied For	-
	ace of Business	Г	Mailing Address			59-1438667			t Applicable	1
Suite Apt # etc			Suite, Apt. #, etc.			\$8.75 Additional				1
Suite, Apt. #, etc.			-			5. Certificate of Status Desired	Ш	Fee Re		
City & State			27 City & State			6. Election Campaign Financing		\$5.00	<u> </u>	1
		20	28			Trust Fund Contribution	Added to Fees			
Zip	Counti		Zip	Cou	intry	8. This corporation owes the curre	nt vear	- 		1
24	25	29	iP	30	,	Intangible Personal Property.		Yes [] No	
24		ess of Current Regist	tered Agent	1901	1	10. Name and Address of New Re	gistered Ag	jent		1
	3. Haine and Adam	ood of Carrotte Region			81 Name					7
PRINTZ, MARY										4
4529 CACTUS			82 St			Address (P.O. Box Number is Not Acceptable)				
SARASOTA FL 34231					83					1
										4
					84 City		FL	85 Zip C	Code	1
44 Diversal	to the new delegant of sec	tions 607 0500 and 60	7 1509 Florida Statut	es the sh	l L	poration submits this statement for the pur		noing its rec	gistered	1
office or r	registered agent, or bot	h, in the State of Florid	da. Such change was	autnorize	a by the corpor	ation's board of directors. I hereby accept	the appointr	nent as rec	gistered	
agent. I a	ım familiar with, and ac	cept the obligations of	f, section 607.0505, F	lorida Stat	tutes.					
SIGNATURE	Signature, typed or printed nam	a of an electrical angest and title 18	t continue (A	IOTE: Pagiete	ared Acert streeture t	required when reinstating)	DATE			1_
	_ 	OFFICERS AND DIRE		13.	area rigorii arginatara	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12	(5,000
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ì	SARASOTA FL				ITY-ST-ZIP					Ιģ
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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.

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