


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

150

FILED

Jul 02 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #**

1. Corporation Name

*Carr + Curtis, Inc.*

*588666*

Principal Place of Business

Mailing Address

*157 E. New England Ave - Suite 450*  
*Winter Park, FL 32789*

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country		<b>3. Date Incorporated or Qualified</b> <i>10.5.78</i>	
<b>4. FEI Number</b> <i>59-2585345</i>		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>7. Trust Fund Contribution</b> <input type="checkbox"/>		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

81 Name	<i>Maxine F Carr</i>
82 Street Address (P.O. Box Number is Not Acceptable)	<i>2906 Westchester Ave</i>
83 City	<i>Orlando, FL</i>
84 Zip Code	<i>32803</i>

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Pres. Maxine F. Carr</i>	1.2 NAME	
STREET ADDRESS	<i>2906 Westchester Ave</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Orlando, FL 32803</i>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>V. Pres. Lisa Smith</i>	2.2 NAME	
STREET ADDRESS	<i>133 Stonehill Dr.</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Maitland, FL 32751</i>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**300002579023**  
**-07/02/98--01041--049**  
**\*\*\*150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*(Pres/Treas) 6.18.98 (407) 628-2283*

CR2E034 (10/97)

6.18.98

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To: Fla. Dept. of State, c/o Sandra B. Matham  
From: M.F. Carr, Pres. Carr + Curtis Inc.  
# 59.2585344  
Topic: Notice of Corporation Annual Report

Our corporation has been filing with the Fla. Dept. of State since 1978. We have never been late in paying during these 20 yrs. This year we did not receive a filing form from your office — Honest Truth —!!!

Our bookkeeper called me in early June saying the Filing form had never arrived, I ask our CPA to call your office to find out what had happen — the answer was given, I just received the Blank form with a \$550 fee —

I have filled out  
the Blank form  
and enclosed a  
check for \$150.00

If after reviewing  
our payment record  
you think we owe  
the additional money,  
please call me at  
(407) 628-2283.

Thanks for taking  
the time to read  
my explanation -

*[Signature]* Carr

P.S. - I talked  
with one of your  
staff, Robin, today  
and she told me to write  
and email the \$150.00 to you now!