

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 APR 21 PM 3:13

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 598668 (2)
1. Corporation Name
CURWICK ENTERPRISES, INC.

Principal Place of Business: **6813 PARK BLVD. PINELLAS PARK FL 34665**
Mailing Address: **6813 PARK BLVD. PINELLAS PARK FL 34665**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/28/1978**
3a. Date of Last Report: **04/13/1994**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
6813 PARK BLVD. PINELLAS PARK FL 34665	6813 PARK BLVD. PINELLAS PARK FL 34665	59-2611203	<input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. City & State	28. City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CURWICK, JOHN A 6813 PARK BLVD. PINELLAS PARK FL 33565		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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PURCHASE MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURWICK, JOHN A	1.2 NAME	JOHN A. CURWICK JR
STREET ADDRESS	8865 MOCKINGBIRD LANE	1.3 STREET ADDRESS	17739 LONG POINT DR.
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	REXINGTON SHORES, FL 33708
TITLE		2.1 TITLE	SALES MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	RINALD J. BADONE
STREET ADDRESS		2.3 STREET ADDRESS	6701-121 AVE N.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LARGO, FL 34643
TITLE		3.1 TITLE	OFFICE MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	BARBARA J. CURWICK
STREET ADDRESS		3.3 STREET ADDRESS	8605 MOCKINGBIRD LANE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SEMIWOLE, FL 34647
TITLE		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		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		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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John A. Curwick **4-17-95** **813-5446675**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)