

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 11:11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **684635** (6)

1. Corporation Name
CURRITUCK CORP.

Principal Place of Business	Mailing Address
COTE EIKERP, 4949 BATTERY LANE SUITE 216 BETHESDA, MD 20814	COTE EIKERP, 4949 BATTERY LANE SUITE 216 BETHESDA, MD 20814

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 08/08/1980	3a. Date of Last Report 06/22/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 c/o Smith Hulsey & Busey Suite, Apt. #, etc.	26 c/o Smith Hulsey & Busey Suite, Apt. #, etc.	59-2043771	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 1800 First Union Bank Tower City & State	27 1800 First Union Bank Tower City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 Jacksonville, FL Zip	28 Jacksonville, FL Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 32202	25	Country	Country
29 32202	30	Country	Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
VKNS CORP. 2424 NORTH FEDERAL HIGHWAY SUITE 314 BOCA RATON FL 33432	<table border="1"> <tr> <td>81 Name</td> <td>Smith Hulsey & Busey</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td>1800 First Union Bank Tower</td> </tr> <tr> <td>83</td> <td>225 Water Street</td> </tr> <tr> <td>84 City</td> <td>Jacksonville</td> </tr> <tr> <td>85 Zip Code</td> <td>FL 32202</td> </tr> </table>	81 Name	Smith Hulsey & Busey	82 Street Address (P.O. Box Number is Not Acceptable)	1800 First Union Bank Tower	83	225 Water Street	84 City	Jacksonville	85 Zip Code	FL 32202
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82 Street Address (P.O. Box Number is Not Acceptable)	1800 First Union Bank Tower										
83	225 Water Street										
84 City	Jacksonville										
85 Zip Code	FL 32202										

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]* **4/26/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	1. TITLE	P, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN KLEECK, DAVID	2. NAME	Bryan L. Putnal
STREET ADDRESS	2424 N FEDERAL HWY	3. STREET ADDRESS	1800 First Union Bank Tower
CITY, ST, ZIP	BOCA RATON FL	4. CITY, ST, ZIP	Jacksonville, FL 32202
TITLE	PT	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EIKER, T E	2.2 NAME	Bruce J. Fletcher
STREET ADDRESS	4949 BATTERY LANE APT216	2.3 STREET ADDRESS	1800 First Union Bank Tower
CITY, ST, ZIP	BETHESDA MD	2.4 CITY, ST, ZIP	Jacksonville, FL 32202
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOOTE, IRVING	3.2 NAME	
STREET ADDRESS	4520 TRAYMORE STREET	3.3 STREET ADDRESS	
CITY, ST, ZIP	BETHESDA MD	3.4 CITY, ST, ZIP	
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 Sections 119.07(3)(b), Florida Statutes. I further certify that the information reflected 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; that my name or true name is the name or true name of the corporation; that my name or true name appears in Block 12 or Block 13 of this report; or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

904-359-7700