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

PROFIT CORPORATION ANNUAL REPORT



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

	1	9	9	6
--	---	---	---	---

County   C	CURRIT	UCK CORP.						
Monte   Mont	incipa: Place o	l Business	 M	ailing Address			I TREASE AND HAND BEAU BIRD HIND BUY EIDIN BEAU BIRD BEAU B	
Purposed Place of Business   2a Mailing Address   2b Mailing M	C/O SMITH HULSEY & BUSEY 1800 FIRST UNION BANK TOWER JACKSONVILLE FL 32202  C/O SMITH HULSEY & BUSEY 1800 FIRST UNION BANK TOWER JACKSONVILLE FL 32202				Date Incorporated or Qualified	oort		
Suite, April 4, etc.    26								5
Suite. April #, etc.    Suite. April #, etc.	Principal Plac	e of Business	1 1	Mailing Address			7,4	<u> </u>
Cry & State  Cry &	Suite, Apt. #.	etc.	26]	Suite, Apt. #, etc.			¢₽ 75	·
Zep			27				I a. Gerundate of Status Desired I I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Country    2	Oity & State			City & State			6. Election Campaign Financing \$5.00	May Be
SMITH HULSEY & BUSEY SMITH HULSEY & BUSEY SMORTH STREET JACKSONVILLE FL 32202  84			28		-т		Added Added	
9. Name and Address of Current Registered Agent  SNITH HULSEY & BUSEY 1800 FIRST UNION BANK TOWER 225 WATER STREET JACKSONVILLE FL 32202  Pursuant to the provisions of Sections 607-9502 and 607,1506, Fornia Stahulos, Hill above named corporation submiss statement for the purpose of changing its registered agent. or both, in the State of Biorius, Such corresponse and decrease the state of Brinds Stahulos and account the original control of corresponse and corporation submiss this statement for the purpose of changing its registered agent. In a decrease with a decrease the state of Brinds Stahulos and account the original control of corresponse and corporation's board of directors. Inversely accept the appointment as registered agent. In a decrease with a decrease the state of	Zip	<u>├</u> ──┐ '	20	Zip	<u></u>	У		199.032,
SMITH HULSEY & BUSEY 1800 FIRST UNION BANK TOWER 225 WATER STREET JACKSONVILLE FL 32002  Pursuant to the provisions of Sections 807 0502 and 607,1506, Florial Statution, the above named corporation submits this statument for the purpose of changing its registered agent, or both, in the State of Florials Statution, the above named corporation submits this statument for the purpose of changing its registered agent, or both, in the State of Florials Statution, the above named corporation submits this statument for the purpose of changing its registered agent, let both, in the State of Florials Statution, the above named corporation submits this statument for the purpose of changing its registered agent, let be only a submit of the purpose of changing its registered agent, let be only a submit of the purpose of changing its registered agent, let be only a submit of the purpose of changing its registered agent, let be only a submit of the purpose of changing its registered agent, let be only a submit of the purpose of changing its registered agent, let be only a submit of the purpose of changing its registered agent, let be only a submit of the purpose of changing its registered agent, let be only a submit of the purpose of changing its registered agent, let be only a submit of the purpose of changing its registered agent, let be only a submit of the purpose of changing its registered agent, let be only a submit of the purpose of changing its registered agent, let be only a submit of the purpose of changing its registered agent. Let be only a submit of the purpose of changing its registered agent. Let be only a submit of the purpose of changing its registered agent. Let be only a submit of the purpose of changing its registered agent. Let be only a submit of the purpose of the purpose of the submit of the purpose of the purpose of the submit of the purpose of the purpo				stered Agent	1301			
1800 FIRST UNION BANK TOWER 225 WATER STREET JACKSONVILLE FL 32202  B4 City  FL B5 Zo Code  FL B					8	Name		
Boo FIRST UNION BANK TOWER   225 WATER STREET   JACKSONVILLE FL   22002   84   City   FL   85   Zip Code   27   27   28   28   28   29   29   29   29   29	SMITH H	ULSEY & BUSEY			8:	2 Street Add	fress (P.O. Box Number is Not Acceptable)	
ACKSOMULE FL 32022  But only be previsions of Sections 607 0509 and 602 1506. Florida Statutes. His above named corporation submits this statement for the purpose of changing alls registered agent, or both, in the State of Florida. Such oreage was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I all amplies with and accept the obligations of. Section 607 0505. Florida Statutes. Statutes. Thereby accept the appointment as registered agent. I all amplies with and accept the obligations of. Section 607 0505. Florida Statutes.  NATURE  OFFICERS AND DIRECTORS IN 12  F PST								
Pursuant to the provisions of Sections 607.050P and 607.150B, Florida State as the earner of more purpose of changing at registered agent, or both; in the State of Florida Such orienge was authorized by the corporation's coard of decicles. I hereby accept the appointment as registered agent, for bornland accept the obligations of Section 607.050P, Florida Statutos.  SNATURE    Supplem   pedicing lead one of application and the fair all   603L B, compared to the period of decicles. I hereby accept the appointment as registered agent, for bornland and a registered agent. For the purpose of changing at seglistered agent, for the proposition of the provision of the					8	3		
Fursion to the provisions of Sections 607 6502 and 607 1508. Florids Statistics the above named corporation subtries this statement for the purpose of changing its registered or registered agent. I be that the State of Brotial Statistics. I have been provided by the corporation's ovarid of develors. I hereby accept the appointment as registered agent. I be families with, and accept the obligations of, Section 607 0505. Florids Statistics.  SNATURE    Soprime Typed or pred or medical statistics and the statistics are registered agent. I be statistically appointment as registered by the statistical agent appointment as registered agent. I be statistically appointment as registered by the statistic agent appointment as registered by the statistic agent agent appointment as registered agent. I be statistically appointment as registered by the appointment as registered by the statistic agent appointment as registered by the appointment as regi	JACKSO	WILLE FL 32202			8	City	<b>85</b> Zip	Code
or registered agent, or both, in the State of Florida. Such principle was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I at familiar with an accept the origidations of Science 607.050.5. Brands Statuting.  SINATURE  Signal in feed or principle and directors and other area. It is debt. B solvery As interpretation or the control of the principle and directors. I the principle and directors are control of the principle and directors. I the principle and t	D	the sending of Continue CO7.0	500 AND 60	2 1600 1623 1043	100 the obe 10	1		nistored of
FETCHER, BRUCE J 1800 FIRST UNION BANK TOWER  2 3 1800 FIRST UNION BANK TOWER  2 4 1800 FIRST UNION BANK TOWER  3 2 1800 FIRST UNION BANK TOWER  4 5 1800 FIRST UNION BANK TOWER  4 6 1800 FIRST UNION BANK TOWER  4 5 1800 FIRST UNION BANK TOWER  4 6 1800 FIRST UNION BANK TOWER  5 1800 FIRST UNION BANK TOWER  5 1800 FIRST UNION BANK TOWER  5 1800 FIRST UNION BANK TOWER	ME REE1 ADDRESS	PUTNAL, BRYAN L 1800 FIRST UNION BANK	TOWER	_ otter	1.2 NAMi		Coungs	
FLETCHER, BRUCE J  ELL ADDRESS  1800 FIRST UNION BANK TOWER  23 STREFT ADDRESS  34 STREFT ADDRESS  45 OTRAYMORE STREET  35 STREFT ADDRESS  45 OTRAYMORE STREET  36 BETHESDA MD  DELETE  4 1 TITLE  4 1 TITLE  Change Addit  4 2 NAME  42 NAME  42 STREFT ADDRESS  Y ST-ZIP  DELETE  4 1 TITLE  Change Addit  4 2 NAME  4 3 STREFT ADDRESS  Y ST-ZIP  DELETE  6 1 TITLE  Change Addit  5 2 NAME  5 2 NAME  6 3 STREFT ADDRESS  Y ST-ZIP  LE  6 1 TITLE  6 1 TITLE  6 1 TITLE  6 Change Addit  6 2 NAME  6 3 STREFT ADDRESS  Y ST-ZIP  LE  6 1 TITLE  7 Change Addit  6 2 NAME  6 3 STREFT ADDRESS  7 ST-ZIP  7 TO Change Addit  6 3 STREFT ADDRESS  7 ST-ZIP  7 TO Change Addit  6 3 STREFT ADDRESS  7 ST-ZIP  7 TO Change Addit  6 3 STREFT ADDRESS  7 ST-ZIP  7 TO Change Addit  8 TO Change Addit  9 TO Change Addit  9 TO Change Addit  10	TY - ST - ZIP							
1800 FIRST UNION BANK TOWER JACKSONVILLE FL  E  V  FOOTE, IRVING  BET ADDRESS 4520 TRAYMORE STREET  BETHESDA MD  BETHESDA	LE	**		☐ DECEIE			Change	Additio
## STADRESS   STANDESS   STANDESS	i .		TOWED					
FOOTE, IRVING  AS FOOTE, IRVING  AS STREET ADDRESS  4520 TRAYMORE STREET  BETHESDA MD  DELETE 4 THILE  Change Addit  ACUTY ST-ZIP  FELL ADDRESS  Y ST-ZIP  ACUTY ST ZIP  A	1		TOMEN		ı			
### ADDRESS #### ADDRESS #### ADDRESS #### ADDRESS ### ADDRESS #### ADDRESS #### ADDRESS #### ADDRESS #### ADDRESS #### ADDRESS ##### ADDRESS ###################################	LE .			DELETE			Change	Additi
## BETHESDA MID  ## DELETE	ME	FOOTE, IRVING			3.2 NAMI			
DELETE 4 1 TITLE Change Addit  AE  AEEI ADDRESS  YEST-ZIP 45 OF LETE 5 1 TITLE  DELETE 5 1 TITLE  ACC Change Addit  ACC NAME  SET ADDRESS  YEST-ZIP 54 CHY-ST-ZIP  AEEI ADDRESS  YEST-ZIP 54 CHY-ST-ZIP  AEEI ADDRESS  YEST-ZIP 6 OF LETE 6 1 TITLE Change Addit  ACC NAME  AEEI ADDRESS  YEST-ZIP 6 OF LETE 6 1 TITLE Change Addit  ACC NAME  AEEI ADDRESS  YEST-ZIP 6 OF LETE 6 1 TITLE Change Addit  ACC NAME  ACC	REET ADDRESS		Ī					
42 NAME  43 STREET ADDRESS  Y-ST-ZIP  DELETE  DELETE  5 1 TITLE  Change Addit  5 2 NAME  5 2 NAME  5 3 STREET ADDRESS  Y-ST-ZIP  DELETE  6 1 TITLE  Change Addit  6 2 NAME  6 2 NAME  6 3 STREET ADDRESS  Y-ST-ZIP  F  G 10 DELETE  6 1 TITLE  6 3 STREET ADDRESS  Y-ST-ZIP  Addit  6 2 NAME  6 3 STREET ADDRESS  Y-ST-ZIP  Addit  6 2 NAME  6 3 STREET ADDRESS  Y-ST-ZIP  Addit  6 2 NAME  6 3 STREET ADDRESS  Y-ST-ZIP  Addit  6 3 STREET ADDRESS  Y-ST-ZIP  To the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report a suppliemental annual report are report is true and accurate and that my signature shall have the same legal effect as if made unknown oath; that I am an officer or director of ne corporation; the recy ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name oath; that I am an officer or director of ne corporation; the recy ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	Y - ST - ZIP	BETHESDA MD		C DEFET			[ Change	✓ Additi
### ### ##############################				□ perest			Change	L Addition
### ### ##############################	i							
DELETE 5 1 THE Grange Addition  ME  52 NAME  53 STREET ADDRESS  4-ST-ZIP  DELETE 6 11 TLE  Change Addition  54 CHY-ST-ZIP  DELETE 6 11 TLE  Change Addition  Addition  62 NAME  63 STREET ADDRESS  4-ST-ZIP  10 to 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)(k). Florida Statutes. I further certify that the information indicated on this annual report an supplementation in the report as required by Chapter 607, Florida Statutes, and that my name oath; that I am an officer or director of the corporation of the report error trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name oath; that I am an officer or director of the corporation.	Y - ST - ZIP				•	1		
S 3 STREET ADDRESS  Y - ST - ZIP  LE DELETE 5 4 CHY - ST - ZIP  G 1 T LLE Change Addit  6 2 NAME  6 3 STREET ADDRESS Y - ST - ZIP  LE G DELETE 6 1 T LLE  G 2 NAME  6 3 STREET ADDRESS A STREET ADDRESS G 4 CHY - ST - ZIP  LE G 1 T LLE  G 3 STREET ADDRESS G 4 CHY - ST - ZIP  LE G 1 T LLE  G 4 CHY - ST - ZIP  LE G 2 NAME  6 3 STREET ADDRESS G 4 CHY - ST - ZIP  LE G 2 NAME  6 4 CHY - ST - ZIP  LE G 3 STREET ADDRESS G 4 CHY - ST - ZIP  LE G 3 STREET ADDRESS G 5 T LLE  G 7 NAME  G 8 STREET ADDRESS G 8 STREET ADDRESS G 8 STREET ADDRESS G 9 NAME  G	LF			DELETE			Change	Additi
ST-ZIP  SECTION ST-ZIP  SECTION STATE  SECTION STAT	ME				5.2 NAM			
DELETE 6 11 ILE 6 2 NAMI 62 NAMI 652 NAMI 652 NAMI 652 NAMI 653 NAMI 653 NAMI 653 NAMI 654 CITY-57-ZIP 644 CITY-57-ZIP 644 CITY-57-ZIP 154 Observeby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I furthe certify that the information indicated on this annual report as supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made undoes not provide an appropriate shall have the same legal effect as if made undoes not provide an appropriate shall have the same legal effect as if made undoes not provide an appropriate shall have the same legal effect as if made undoes not provide an appropriate shall have the same legal effect as if made undoes not provide an appropriate shall have the same legal effect as if made undoes not provide an appropriate shall have the same legal effect as if made undoes not provide and appropriate shall have the same legal effect as if made undoes not provide and appropriate shall have the same legal effect as if made undoes not provide and appropriate shall have the same legal effect as if made undoes not provide an appropriate shall have the same legal effect as if made undoes not provide an appropriate shall have the same legal effect as if made undoes not provide an appropriate shall have the same legal effect as if made undoes not provide an appropriate shall be appropriate s	REET ADDRESS					l l		
62 NAMI 65FT ADDRESS Y-ST-ZIP 6 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)(k), Florida Statutes. I furthe certify that the information indicated on this annual report as supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made undoubly that I am an officer or director of the corporation of the replication of the true of the report of the endowered to execute this report as required by Chapter 607, Florida Statutes, and that my name	Y-ST-ZIP	.,		[] DELETE			□ Channe	☐ Additio
63 SIRELI ADDRESS  Y-ST-ZP  1. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furthether certify that the information indicated on this annual report ar supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made undoubted on the corporation of the corporation of the report of the powered to execute this report as required by Chapter 607, Florida Statutes; and that my name	ME			center			C Stange	- Fidulii
Y-ST-ZIP  1. do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furthe certify that the information indicated on this annual report are supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made undouble that I am an officer or director of the corporation of the register or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	REET ADDRESS							
certify that the information indicated on this annual report ar supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name					64 CITY	- S* - ZiP		
oath; that I am an officer or director of the corporation), 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, planged, or on an attachment with an address.	TY - ST - ZIP	and first that the information or wall	Carlo Salana	fluxo io voluntorily fu	eniobod and de		for the execution of stad in Section 110 07/29/A. Florida Statute	e I further
appears in block 12 or block 15% trianged, or on a ration ment with an appress.	I. I do hereby	the information indicated ostables	ied With This annua! reco	rt ar subviemental ar	mismed and de inual report is t	es not quality rue and accur	rate and that my signature shall have the same legal effect as if r	made unde
-1110- 1110-1	l. I do hereby certify that t oath; that I	the information indicated on this a am an officer or director of the co	annua! repo prporation	rt or supplemental an the recover or trust	inua! report is t ee empowered	rue and accur I to execute the	rate and that my signature shall have the same legal effect as if r his report as required by Chapter 607, Florida Statutes; and that	made und t my name