

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90090 050 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 812610

1. Corporation Name
THE CURRY CORPORATION

Principal Place of Business

727 CENTRAL AVE
SCARSDALE NY 10583

Mailing Address

727 CENTRAL AVE
SCARSDALE NY 10583

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1958

4. FEI Number

13-1703181

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRIMPER, DIANE	
STREET ADDRESS	15 TOURNAMENT LANE	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'SHAUGHNESSY, N	
STREET ADDRESS	LORD KITCHENER RD	
CITY-ST-ZIP	NEW ROCHELLE NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CURRY, B F JR	
STREET ADDRESS	50 INVERNESS RD	
CITY-ST-ZIP	SCARSDALE NY	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CURRY, B F III	
STREET ADDRESS	50 INVERNESS RD	
CITY-ST-ZIP	SCARSDALE NY	
TITLE	AD	<input type="checkbox"/> DELETE
NAME	CURRY, LEIGH	
STREET ADDRESS	50 INVERNESS RD	
CITY-ST-ZIP	SCARSDALE NY	
TITLE	AD	<input type="checkbox"/> DELETE
NAME	CURRY, ROBIN	
STREET ADDRESS	50 INVERNESS RD	
CITY-ST-ZIP	SCARSDALE NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Barbara Curry James	
1.3 STREET ADDRESS	50 Inverness Rd.	
1.4 CITY-ST-ZIP	Scarsdale, NY 10583	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)