
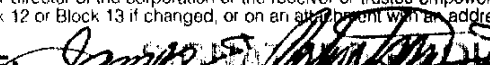


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G31296 (8)</b>			
1. Corporation Name <b>A.B. CURLS AND ASSOCIATES, INC.</b>			
Principal Place of Business <b>3905 HIGHWAY 98 SOUTH P.O. BOX 3549 LAKELAND FL 33802</b>		Mailing Address <b>3905 HIGHWAY 98 SOUTH P.O. BOX 3549 LAKELAND FL 33802-3549</b>	
2. Principal Place of Business 21 <b>5675 New Tampa Hwy., Ste 4</b>		2a. Mailing Address 26 <b>PO Box 3549</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country
3. Date Incorporated or Qualified <b>04/01/1983</b>			
3a. Date of Last Report <b>04/12/1996</b>			
4. FEI Number <b>59-2301479</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>ROBERTSON, JAMES E. III 6309 LAKELAND HIGHLANDS ROAD LAKELAND FL 33803</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 FL		86 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 reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	ROBERTSON, JAMES E. III		
STREET ADDRESS	6309 LAKELAND HIGHLANDS		
CITY - ST - ZIP	LAKELAND FL		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	ROBERTSON, CARLA E		
STREET ADDRESS	6309 LAKELAND HIGHLANDS		
CITY - ST - ZIP	LAKELAND FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	ROBERTSON, MICHELLE		
STREET ADDRESS	930 OSCEOLA STREET		
CITY - ST - ZIP	LAKELAND FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	BONNICHSEN, BARRY		
STREET ADDRESS	1232 RIDGEGREEN LOOP N.		
CITY - ST - ZIP	LAKELAND FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	BARRY BONNICHSEN		
STREET ADDRESS	1232 RIDGEGREEN LOOP N.		
CITY - ST - ZIP	LAKELAND FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			
14. I do 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.			
SIGNATURE:  James E. Robertson, III 4/18/97 941-683-4728			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)