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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G65087

1. Corporation Name

JAMES CURRAN, P.A.

**FILED** Feb 06, 1999 8:00am **Secretary of State** 

02-06-1999 90018 022 \*\*\*150.00



i illicipai i lacc	of Business	Mailing Address							
C/O JAMES CU	RRAN	C/O JAMES CURRAN				•			
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FT. LAUDERDAL	E FL 33301	FT. LAUDERDALE FL 33301				WRITE IN THIS SPA	ACE	<del></del> , -	
US		US			3. Date Incorporated or Qua	alited			
					10/14/1983	****			
2 Principal PI	ace of Business	2a. Mailing Address		,	4. FEI Number		App	lied For	•
21 Same as above		26 Same as above			59-2351693		Not	Applicable	3
Suite, Apt.		Suite, Apt. #, etc.					8.75 A	dditional	-
<del></del> -	#, <del>G</del> (C.	<b>—</b>			5. Certificate of Status Design	red 🗌 🥈	Fee Req	juired	
22	<u>.</u>	City & State			a Flatian Committee Finan		\$5.00 N	Any Bo	
City & State	<del>e</del> .	<del>⊢,</del>			<ol><li>Election Campaign Finar Trust Fund Contribution</li></ol>		Added to		
23	<u></u>	28						71003	
Zip	Country	Zip	Country		8. This corporation owes th			⊒No I	
24	25	29	30		Personal Property Tax.				
	9. Name and Address of Current	Registered Agent			10. Name and Address of	New Registered Age	ent	· ,,	
			81 1	Name N/A	,			Ì	
CUR	ran, James		82 5		ess (P.O. Box Number is Not A	ccentable)			
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11. Pursuant	to the provisions of Sections 607.0502	and 607.1508; Florida Statute	s, the above-n	named corp	poration submits this statement to on's board of directors. I hereby	or the purpose of cha	inging its r ent as red	registered istered	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of Section 607.0505. Flor	ida Statutes.	e corporatio	on a board of directors. I hardly	doop! are opposite			
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SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:			d when reinstating);	DATE	DIRECTOR	RS IN 12	 
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Agent sig		d when reinstating);	DATE TO OFFICERS AND E	DIRECTOR	RS IN 12	
SIGNATURE  12.  IIILE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:  D DIRECTORS	Registered Agent sk 13. 1.1 TITLE		d when reinstating);	DATE TO OFFICERS AND E			(
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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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

ZQJAMES ECURRAN, PRESIDENT/DIRECTOR

1/5/99 (954) 523-3845