SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **G77480** (3)

1. Corporation Name

CURRIE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
C/O CHERYL KILCOYNE 5815 N. DALE MABRY HWY TAMPA FL 33614 US	C/O CHEYL KILCOYNE 5815 N. DALE MABRY HWY TAMPA FL 33614 US

3. Date Incorporated or Qualified: 12/30/1983
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2508546 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 C/o CHERYL
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

KILCOYNE CHERYL C
5815 N. DALE MABRY HWY
TAMPA FL 33614

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	KILCOYNE CHERYL CURRIE	
STREET ADDRESS	5815 N DALE MABRY	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	☐ DELETE
NAME	KILCOYNE DAVID F	
STREET ADDRESS	2505 S DUNDEE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	CURRIE CHARLENE M	
STREET ADDRESS	9204 WATSON ROAD	
CITY-ST-ZIP	SILVER SPRING MD	
TITLE	D	☐ DELETE
NAME	JOHNSON JEAN CURRIE	
STREET ADDRESS	1211 PLANTATION DRIVE	
CITY-ST-ZIP	SIMPSONVILLE SC	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☑ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	33614	
2.1 TITLE		☐ Change ☑ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	33629	
3.1 TITLE		☑ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	5709 Trafton Place	
3.4 CITY-ST-ZIP	Bethesda, MD 20817	
4.1 TITLE		☐ Change ☑ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	29681	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Cheryl C. Kilcoyne CHERYL C. KILCOYNE 9-1-96 (813) 872-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #