

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

FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **G85674** (1)
1. Corporation Name
CURLY'S BAIL BONDS, INC.

Principal Place of Business 1670 N.W. 17 AVE MIAMI FL 33125	Mailing Address 1670 N.W. 17 AVE MIAMI FL 33125-2345
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/21/1984	3a. Date of Last Report 07/09/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number 59-2377679	Applied For Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. Country	29. Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

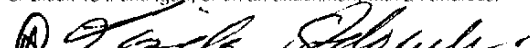
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STOLOWILSKY LINDA 1670 NW 17 AVE MIAMI FL 33125		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code	

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSTP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	STOLOWILSKY, LINDA		1.2 NAME		
STREET ADDRESS	1670 NW 17 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	VST	☐ DELETE	2.1 TITLE		
NAME	TANT RICHARD ALLEN		2.2 NAME		
STREET ADDRESS	1670 NW 17TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE		☐ DELETE	3.1 TITLE		
NAME			3.2 NAME	☐ Change ☐ Addition	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE		☐ DELETE	4.1 TITLE		
NAME			4.2 NAME	☐ Change ☐ Addition	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE		☐ DELETE	5.1 TITLE		
NAME			5.2 NAME	☐ Change ☐ Addition	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE		☐ DELETE	6.1 TITLE		
NAME			6.2 NAME	☐ Change ☐ Addition	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: 

 4-10-97

CR2E034 (9/96)