

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
1855 NW 17 Ave
MIAMI FL 33125
Mailing Address
1855 NW 17 Ave
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/21/1984	
21 Suite, Apt. #, etc.	22 City & State	25 Suite, Apt. #, etc.	26 City & State	4. FEI Number 59-2377679	Applied For Not Applicable
23 Zip	24 Country	27 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
26		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	VSTP	<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	STOLOWILSKY, LINDA			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1670 NW 17 AVE			1.2 NAME	
CITY-ST-ZIP	MIAMI FL			1.3 STREET ADDRESS	
TITLE	VST	<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP	
NAME	TANT RICHARD ALLEN			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1670 NW 17TH AVE			2.2 NAME	
CITY-ST-ZIP	MIAMI FL			2.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	
NAME				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				3.2 NAME	
CITY-ST-ZIP				3.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	
NAME				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				4.2 NAME	
CITY-ST-ZIP				4.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
NAME				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				5.2 NAME	
CITY-ST-ZIP				5.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
NAME				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				6.2 NAME	
CITY-ST-ZIP				6.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	
NAME					
STREET ADDRESS					
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.

SIGNATURE: [Signature] 4-27-98

CR2E034 (10/97)