Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90096 005 ***150.00

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 # H15494

1. Corporation Name

CURZON INVESTMENTS, INC.										(B)() B)B) B) 1](B)	Die Beder Bedie Be	GUI GUSUU IEBI
			-									
Principal Place	of Business	Mailing Add	lailing Address				\dashv		INDER DENE DENEM DI	BIC BIBLI BIBLI BI	BUS BEBEE 1880)	
945 CLINT MOORE ROAD 2856 BANYAN BLVD CR NW												
BOCA RATON F			BOCA RATON FL 33431-929									
			US							RITE IN THIS	SPACE	
		٠.,		•				3.	Date Incorporated or Qualife 08/07/1984			
2. Principal Pl	ace of Busines	is	2a. Mailing Address				4.	FEI Number		<u> </u>	lied For	
21			26					<u>59-2681358</u>			Applicable	
Suite, Apt.	#, etc.	•	Suite, Apt. #, etc.				5.	Certificate of Status Desired		\$8.75 A		
22		<u> </u>	27					 		Fee Rec		
City & State	e .	City & State				6.	Election Campaign Financing	' _	\$5.00 to Added to	•		
23	·		Zip Country					Trust Fund Contribution			rees	
Zip		Country	Zip	<u></u>	_	y		. 8.	 This corporation owes the cu Personal Property Tax. 	rrent year inta		□No
24	25	ol Address of Current I	29 Pagistered As	3	0			10	Name and Address of New	Registered /		
	9. Name an	id Address of Current	registered A	jen.	8	1	Name			<u> </u>		
PULLEN, GRENVILLE GEORGE									DOD N. berle Net Areas			
2856	BANYAN BL	82 Street Ad			ddress (I	P.O. Box Number is Not Accep	itable)					
BOCA RATON FL 33431						3						
		•				4					Tamil = 0	
		•			8	4	City			FL	85 Zip C	oae
Affice or n	nane barataina	ns of Sections 607.0502 t, or both, in the State of and accept the obligation	Florida Such	change was auti	nonzea o	IV II	-named o he corpor	orporatio ation's b	on submits this statement for the oard of directors. I hereby account	e purpose of ept the appoin	changing its introduced the change of the ch	registered istered
SIGNATURE			- duling the continue to	MOTE: B	onintered Ar	ant	pignatura rac	uired when	reinstating)	DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE 12. OFFICERS AND DIRECTORS					Registered Agent signature require 13.				ADDITIONS/CHANGES TO C	FFICERS AN	D DIRECTO	RS IN 12
7ITLE	PST	OT TOLING 7410	DIRECTOR.	DELETE	1.1 TITLE	-		-			☐ Change	Addition
NAME		RENVILLE GEORGE			1,2 NAME	E						
STREET ADDRESS		AN BLVD CR NW	•		1.3 STRE	ΞT	ADDRESS		•			
CITY-ST-ZIP	BOCA RAT				1,4 CITY-							
TITLE	D	<u> </u>		DELETE	2.1 TITLE						Change	Addition
NAME	PULLEN. G	RENVILLE GEORGE			2.2 NAMI	E	- 1					
STREET ADDRESS		AN BLVE. CR NW			2.3 STRE	ET/	ADDRESS					
CITY-ST-ZIP	BACA RATO				2. 4 CITY	′-\$T	-ZIP					
TITLE				☐ DELETE	3.1 TITLE						☐ Change	Addition
NAME					3.2 NAM	E	1					
STREET ADDRESS					3.3 STRE	ET	ADDRESS		*			
CITY-ST-ZIP					3.4. CITY	- ST	-ZIP					
TITLE				DELETE	4,1 TITLE	Ξ _					☐ Change	☐ Addition
NAME					4, 2 NAV	Œ						
STREET ADDRESS					4.3 STREET ADDRESS							
CITY-ST-ZIP					4.4 CITY	·ST·	-ZIP				·	
TITLE			_	DELETE	5.1 TITLE	Ε ΄	1				Change	☐ Addition

CITY-ST-ZIP

14. I hereby certify that the information supplied with his hing 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 approach 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 trut-the expression of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4-12-99

Daytime Phone #

☐ Change ☐ Addition

CR2F034 (11/98)