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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

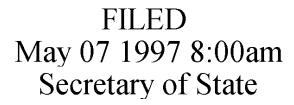
DOCUMENT # H34955

(5)

CURTIS CARPENTRY, INC

Mailing Address

Principal Place of Business





8758 INDIAN R BOYNTON BEA			8758 INDIAN RIVER RUN BOYNTON BEACH FL 33437-2455					
					3. Date incorporated or Qualified 12/20/1984	3a. Date of Last 03/26/1996		
2. Principal Pl	lace of Business	2a. Mailing Addre	iss		4, FEI Number		Applied For	
21		26			59-2471777		Vot Applicable	
Suite, Apt	#, etc	Suite, Apt. #, 4	etc.		5. Certificate of Status Desired	1 1	Additional Required	
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
Zip	Country	Zip	Cou	ntrv	B. This corporation has liability for			
24				Florida Statutes Yes No		b. 155.00L,		
	g. Name and Address of Co		100		10. Name and Address of New R	egistered Agent		
CUE	RTIS, MATTHEW D			81 Name				
8758 INDIAN RIVER RUN				50 00				
BOYNTON BEACH, FL 33437				82 Street Address (P.O. Box Number is Not Acceptable) 83				
				64 City		FL	p Code	
agent, La SIGNATURE	egistered agent, or both, in the small ar with, and accept the control of the state	obligations of, Section 607.0 D. C. W. C.	0505, Florida Stat	utes.	corporation submits this statement for the oration's board of directors. I hereby acce	pt the appointment a	s registered	
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO)BS IN 12	
THLE	PD	☐ DEI		rLE		Change		
NAME	CURTIS, MATTHEW D		1.2 N/	WE !				
STREET ADORESS	8758 INDIAN RIVER RUN		1351	REET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 334	137	1	TY-ST-ZIP				
TITLE		☐ DE				☐ Change	Addition	
NAME			2.2 N	ume (
STREET ADDRESS			2.3 \$1	REET ADDRESS				
CITY-ST-ZIP				ITY-ST-ZIP				
TITLE		☐ DE				Change	Addition	
NAME			3.2 N/	ME				
STREET ADDRESS			3.3 SI	REET ADDRESS				
CiTY - ST - ZiP				ITY-ST-ZIP				
TITLE		☐ D€				☐ Change	Addition	
NAME			4 2 N	AME				
STREET ADDRESS			4.3 S	REET ADDRESS				
CITY - \$1 - ZIP			4.4 CI	TY-ST-ZIP				
THEF		☐ DE	LETE 5.1 T/	TLE		Change	Addition	
NAME			5.2 N	NME				
STREET ADDRESS			5.3 \$1	REET ADORESS				
CITY - ST - ZIP			1	TY-ST-ZIP				
TITLE		☐ DE				Change	B Addition	
NAME			6.2 N	AME				
STREET ADDRESS			6.3 \$1	REET ADDRESS				
CITY-ST-ZiP				TY-ST-ZIP				
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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 suppliemental 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.