CORPORATION ANNUAL REPORT



FLURIDA DEPARTIMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90035 011 ***150.00

1999 DOCUMENT # 3 16655

Cur	vis inc							PRIZI BRJIG FI	BBE IBIBI II DII	6)96) Bill (98)
								ANN NEMA K		
Principal Place of Business Mailing Address										
114 S.E. 1ST STREET 114 S.E. 1ST STREET										
#9 GAINESVILLE FL 32601 #9 GAINESVILLE FL 32601							DO NOT WRITE	IN THIS	SPACE	
CANALOVILLE 1 E 32001							Date Incorporated or Qualifed			
							5/29/86			
2. Principal Pla	ce of Business	2a. Mailing Address				4.	FEI Number		Ар	plied For
21		26					- 59-26 _. 99776	. /	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							O of the Coate Oasies		\$8.75	Additional
22 27							Certifcate of Status Desired	L.J	Fee Re	quired
City & State City & State							Election Campaign Financing		\$5.00	May Be
23 28							Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Cou	ıntry		8.	This corporation owes the curren	-		_
24	25	29	30				Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent		L.,	 	10.	Name and Address of New Reg	jistered A	gent	
-A 1.				81	Name					
Alpartishman 114 JE 15T ST #9 Chiresuille FC 32001					Street /	Address (P.	O. Box Number is Not Acceptable	e)		
114 56 157 57 49										
6				83						
GB	THESOCILE AT SAG	<i> </i>		84	City				85 Zip (Code
	the provisions of Sections 607.050							<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	
office or re- agent. I am SIGNATURE	gistered agent, or both, in the State familiar with, and accept the obliga	of Florida. Such change wa tions of, Section 607.0505,	s authorize Florida Stat	d by t tutes.	the corpo	oration's bo	ard of directors. Thereby accept t	he appoin	tment as re	gistered
12.	Ignature, typed or printed name of registered ager OFFICERS AN	ID DIRECTORS ,	13.		signature re		ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	PRESIDENT			1.1 TITLE		·			[] Change	Addition
NAME			12N							
STREET ADDRESS	Albu Fishman	±α	ll l		ADDRESS					
1	GAINES, KLA 32		ii.	tTY-ST	- 1					
CITY-ST-ZIP	CHRIDES / KCH 30	☐ DELETE			· ZIP				Change	Addition
NAME	TO SEE SEE SEE	_	2.2 N			1				
STREET ADDRESS	1				ADDRESS	1				
1				CITY-SI		1				
CITY-ST-ZIP TITLE		DELETE			1-21-				Change	Addition
NAME			H -	3.2 NAME		ĺ		=	-	
STREET ADDRESS			H .	33 STREET ADDRESS		ĺ				•
CITY-ST-ZIP			11	CITY-SI		ĺ				
TITLE	☐ DELETE			4.1 TITLE		 			Change	Addition
NAME			N N	4.2 NAME		ĺ				
STREET ADDRESS			9		ADDRESS	ĺ				
	,	1	, a	TY-ST		ĺ				
CITY-ST-ZIP TITLE		DELETE			-48				Change	Addition
NAME			H	AME		ĺ			-	
·			Ħ		ADDRESS	ĺ				
STREET ADDRESS			11	ITY-ST	i	ĺ				
CITY-ST-ZIP TITLE		DELETE				 			Change	Addition
NAME			N	AME					_ •	
PERSONAL ADDRESS			N		ADDRESS					

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 of supplemental annual report of 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 of the

SIGNATURE:

CITY-ST-ZIP