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• PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnami

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

K47294

(9)

 Corporation N 	Name	` '						
CURCI	URU CORP.					1811: Bill (1811)	 	# 010# 010# # # #
Principal Place o	of Business	Mailing Address						
6400 TAYLO	···	ALLIGATOR PARK & 6400 TAYLOR RD						
PUNTA GOR	RDA FL 33950	PUNTA GORDA FL	33950		3. Date Incorporated or Outlifed 11/28/1988		of Last Fle 02/02/19	•
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		├	pplied For
]		26			65-0084194			lot Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State		City & State			6. Election Campaign Financing	-		May Be
Oity & State		28			Trust Fund Contribution			I to Fees
Zip	Country	Zφ	Country		8. This corporation has liability for	or intangible ta	x under s	199.032,
	25	29	30			es 🗌 No		
	9. Name and Address of Curren	it Registered Agent		1.1.2.	10. Name and Address of New	Registered	Agent	
			81	Name				
NAUMANN, TED 3906 MADRID CT		82 Stre		Street Addre	ess (P.O. Box Number is Not Accept	able)		
			83					
PUNTA	GORDA FL 33950		63					
			84	Crty		FI	85 Zıç	Code
or registered	o the provisions of Sections 607.0502 ad agent, or both, in the State of Florid n, and accept the obligations of, Sect	da. Such change was authori	ized by the corp	named corpora ocration's boar	ration submits this statement for the p rd of directors. I hereby accept the ap	ourpose of cha opointment as	registered	agent. Lam
or registered familiar with SIGNATURE	nd agent, or both, in the State of Florid	da. Such change was authoricin 607.0505, Florida Statute	ized by the corp es. NOTE: Registeria Ager	ocration is boar	rd of directors. Thereby accept the ap	ppointment as	registereo	agent. Fam
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rou meleby certify that the information supplied with this lining is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3/K). Horida Statutes. In 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 trusted 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: _

> - > 6 - 1976 639-7000
Date Proce 4