FILE NOW: FILING FEE		FLORIDA DEPAR Sandra B. Secretar	TMENT OF STATE Mortham y of State	FILED Feb 24 1997 8:00am Secretary of State	
1. Corporation C.R. CU	JRRERI ASSOCIATES, II	NC.	ΟΗΡΌΗΑΤΙΟΝŞ		-
Principal Plac 1060 SE 111TI DAVIE FL 333		Mailing Address 1060 SE 111TH WAY DAVIE FL 33324-4131			
2. Principal F	*ace of Business	2a. Mailing Address		3. Date Incorporated or Qualified 04/05/1990 4. FEI Number	3a. Date of Last Report 02/20/1996 Applied For
21 Suite, Apt	<b>#</b> , etc.	26 Suite, Apt. #, etc.		65-0186228	Not Applicable
22 City & Stat	to	27 City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ 24	Country 25	Zip 29	Country 30	8. This corporation has liability for ini Florida Statutes	tangible tax under s. 199.032, Yes 🔲 No
	9. Name and Address of C TELBERG, BARRY S.	urrent Registered Agent	81 Name	10. Name and Address of New Reg	stered Agent
730	O W. MCNAB ROAD, SUITE MARAC FL 33321	215	82 Street Addr 83	ess (P.O. Box Number is Not Acceptable	)
11. Pursuant	to the provisions of Sections 60	7 0502 and 607, 1508 Florida Statute	84 City s, the above-named corp	poration submits this statement for the pu ion's board of directors. I hereby accept	FL 85 Zip Code rpose of changing its registered
agent La SIGNATURE	Repairs typed repairs for both, in the		Registered Agent signature requir		DATE
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
THUE NAME	CURRERI, CHARLES R.	L DELETE	1 1 TITLE 1.2 NAME		<b>N</b>
STREET ADDRESS	1060 SW 111TH WAY DAVIE FL		1.3 STREET ADDRESS		
CHY-ST-Z+* TTL <del>T</del>	ST	DELETE	1 4 CHY-ST-ZIP 2 1 TITLE		Change Addition
NAMI STREET ADDRESS	CURRERI, MICHELE M. 1060 SW 111TH WAY		2 2 NAME 2 3 STREET ADDRESS		
CHY-S1-ZiP THLE	DAVIE FL. V	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE	*********	Change Addition
NAME	CURRERI, MARIE		3 2 NAME		hand a consigner hand i substation i
STREET ADORESS	1060 SW 111TH WAY DAVIE FL		3.3 STREET ADDRESS		
COLVERST - ZUP TOLLE		DELETE	3.4. CITY - ST- ZIP 4.1 THTLE	·····	Change 🔲 Addition
NAME			4. 2 NAME		
STREET ADDRESS CITY - ST - 20F			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE	·	DELETE	5.1 TITLE		Change Addition
NAME STREFT ADORESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		······································
14. 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 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 Brock 13 if changed, or on an attachment with an address.					
SIGNATURE: Muchel M. Current 2 2/15/27 84-370-1369					