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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

1060 SE 111TH WAY

DAVIE FL 33324



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

C-R- CURRERI ASSOCIATES, INC-

Mailing Address

DAVIE FL 33324

1060 SE 111TH WAY

FILED Jan 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

					04/05/1990	
2. Principal P	Place of Business	2a. Mailing Address	ailing Address		4. FE! Number	Applied For
21	26				65-0186228	Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22 27					S. Columbate of States Desired	Fee Required
City & State					6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the curre	nt year Intangible
24	25	29	30			Yes No .
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Ag	jent
MITTELBERG, BARRY S.				81 Name		
7300 W. MCNAB ROAD, SUITE 215				82 Street Address (P.O. Box Number is Not Acceptable)		
TAMARAC FL 33321				Substitution (1.6. Box Hallable to Hot Modelylable)		
				83		
			-			
				4 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TITLE	P	DELETE	1.1 1111.9			Change Addition
NAME	Curreri, Charles R.		1.2 NAM	E		
STREET ADDRESS	1060 SW 111TH WAY		1.3 STRE	ET ADDRESS		
CITY - ST - ZIP	DAVIE FL		1.4 CITY	i		ļ
TITLE	ST	☐ DELETE	2.1 TITLE			Change Addition
NAME	CURRERI, MICHELE M.		2.2 NAM	1	_	
STREET ADDRESS	1060 SW 111TH WAY			ET ADDRESS		
CITY-ST-ZIP	DAVIE FL		2. 4 CITY		e-s	
TITLE	V	☐ DELETE	3,1 TITLE			Change Addition
NAME	CURRERI, MARIE		3.2 NAMI			Totalide T Madillou
STREET ADDRESS	1060 SW 111TH WAY					
	DAVIE FL			ET ADDRESS		
CITY - ST - ZIP TITLE	DIVIL I L	☐ DELETE	3.4. CITY			100
j			4.1 TITLE	1	L	Change Addition
NAME			4. 2 NAM	- I		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		☐ DELETE	5.1 TITLE			Change
NAME			5.2 NAME	!		
STREET ADDRESS			5.3 STRE	T ADDRESS		}
CITY - ST - ZIP			5.4 CITY	ST-ZIP		l
TITLE		DELETE	6.1 TITLE			Change
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Vi). 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 outh; 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. SIGNATURE: MULICLE MURILLERANTED

954-370-1369