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Mar 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M64756 (3)

1. Corporation Name
CURRY AND SONS DEVELOPMENT CORP., INC.



Principal Place of Business

909 FLEMING ST.
KEY WEST FL 33040

Mailing Address

909 FLEMING ST.
KEY WEST FL 33040-6905

3. Date Incorporated or Qualified 12/29/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0026397	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 3450 Eagle Ave	26 3450 Eagle Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Key West - FL	28 Key West - FL
Zip	Zip
24 33040	29 33040
Country	Country
25 U.S.A	30 U.S.A.

9. Name and Address of Current Registered Agent

CURRY, SCOTT A.
909 FLEMING ST.
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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 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 DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, CHARLES P., JR.	1.2 NAME	
STREET ADDRESS	909 FLEMING ST.	1.3 STREET ADDRESS	3450 Eagle Ave
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	KEY WEST-FL 33040
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, ELIZABETH A.	2.2 NAME	
STREET ADDRESS	909 FLEMING ST.	2.3 STREET ADDRESS	3450 Eagle Ave.
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	KEY WEST-FL 33040
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, SCOTT A.	3.2 NAME	
STREET ADDRESS	909 FLEMING ST.	3.3 STREET ADDRESS	3450 Eagle Ave.
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	KEY WEST-FL 33040
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, C. MICHAEL	4.2 NAME	
STREET ADDRESS	841 SW 58TH TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth A Curry Elizabeth A Curry 3-14-97 305-246-8781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)