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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # M87784

1. Corporation Name

(8)

CURRY ENTERPRISES, INC.

Principal Place of	of Business	Mailing Address				f (BO)ABet (&) (Etr) Jöhlt iban .	9117 4.5 4 5.6 41 6. 1	11) 4 /4/1 4/2·	
10615 E. COI ORLANDO FL	LONIAL DR.	7813 PLANTATION DF ORLANDO FL 32810	ì .						
US					3.	Date Incorporated or Qualified 06/28/1988	3a, Date	of Last Re)2/07/18	eport 395
2. Principal Plac	pe of Business	2a. Mailing Address			4.	FEI Number			Applied For
21		26				NOT APPLICABLE			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	<u></u>			Certificate of Status Desired		+ + - · · -	Additional Required
22		City & State				Election Campaign Financing		\$5.0	O May Be
City & State		28				Trust Fund Contribution	<u></u>	Adde	d to Fees
Z ip	Country	Zip	Cour	ntry		This corporation has liability for	r intangible ta	ıx under s	199.032,
24	25	29	30			Florida Statutes Ye Name and Address of New	s No	Agent	
	9. Name and Address of Curre	nt Registered Agent		81 Name		Name and Address of New	Hedistelen	Main	
				j					
FOUNTAIN, DENNIS ESQ.			82 Street	i Address (P.	oddress (P.O. Box Number is Not Acceptable)				
	IENTA AVENUE			83					
SUITE S	ONTE SPRINGS FL 32701			04 00				85 Z	ip Code
				84 City			FL	.	
or registere familiar wit	o the provisions of Sections 607.050 ad agent, or both, in the State of Florin, and accept the obligations of, Sec	ction 607.0505, Florida Statutes	S.	орогас	a required when re	einstahng)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTO	ORS IN 12
TILLE	DP	☐ DELETE	1.11	ITLE				Change	☐ Addition
NAME	CURRY, MURRAY M. JR.		1.2 N						
STREET ADDRESS	7813 PLANTATION DR.			TREET ADDRESS	ŝ				
CITY-ST-ZIP	ORLANDO FL	C Dritte		ITY-ST-ZIP				Change	Addition
TITLE	DS CURREN M	☐ DELETE	2 1 7 2.2 N						_
NAME	CURRY, EILEEN M. 7813 PLANTATION DR.			treet addres	s				
STREET ADDRESS	ORLANDO FL			ITY-ST-ZIP					
CITY-ST-ZIP TITLE	OLD WIDO TE	☐ DELETE	3 1					☐ Change	Addition
NAME			32 N	AME					
STREET ADDRESS			3.3	STREET ADDPES	is				
CHTY - ST - ZIP				TY-ST-ZIF				Change	e Addition
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NAME				IAME	,				
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CITY-ST-ZIP		DELETE		TITLE				☐ Change	e 🔲 Addition
11fLF		L *******	1	AME					
NAME STREET ADDRESS			l l	STREET ADDRES	3S				
CITY-ST-ZIP				CITY-ST-ZIP					proof a case
TITLE		DELETE	6 1	TITLE				☐ Change	e 🔲 Addition
NAME			6.2	MAME					
STREET ADDRESS			63	STREET ADDRES	SS				
1	1		64	CITY-ST-ZIP		<u> </u>			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1*9.07(3)(k). 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 13 if changed, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PANTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 (407) 660-0166

CR2E034 (12/95)