


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90016 045 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P38801** ✓

1. Corporation Name

CURA CAPITAL CORPORATION

Principal Place of Business

7109 S HIGH TECH DR
STE A
SALT LAKE CITY UT 84047
US

Mailing Address

7109 S HIGH TECH DR
STE A
SALT LAKE CITY UT 84047
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1992

4. FEI Number

87-0490775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

MIDVALE

City & State

MIDVALE

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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** ☐ DELETE

NAME **WEHRMEYER, ROBERT A JR**
STREET ADDRESS **4616 SAN PEDRO AVE, #104**
CITY-ST-ZIP **SAN ANTONIA TX 78212**

1.1 TITLE ☐ Change ☐ Addition

NAME **P** ☐ DELETE

STREET ADDRESS **4733 S. STATE STREET, STE. 200**
CITY-ST-ZIP **SALT LAKE CITY UT 84107**

1.2 NAME ☐ Change ☐ Addition

TITLE **VPT** ☒ DELETE

NAME **BROOKS, M. TERRY**
STREET ADDRESS **4733 S. STATE ST., STE. 200**
CITY-ST-ZIP **SALT LAKE CITY UT 84107**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **S** ☐ DELETE

NAME **CALLISTER, TODD**
STREET ADDRESS **4733 S. STATE ST., STE. 200**
CITY-ST-ZIP **SALT LAKE CITY UT 84107**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **CEO** ☐ DELETE

NAME **DAILY, JOSEPH E.**
STREET ADDRESS **4733 S. STATE ST., SUITE 200**
CITY-ST-ZIP **SALT LAKE CITY UT**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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:

TODD CALLISTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 29, 1999
Date

(801)561-1105
Daytime Phone #

CR2E034 (5/99)