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APPROVED
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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000065883 (9)

1. Corporation Name:

THE CURIO SHOPPE, INC.

Principal Place of Business

1185 DIXIE HIGHWAY
SUITE 3
VERO BEACH FL 32960
US

Mailing Address

955 4TH LANE
VERO BEACH FL 32962

2. Person in Person of Law:

21

State, Apt. # etc.

22

City & State

23

City & State

24

City & State

20. Mailing Address

25

State, Apt. # etc.

27

City & State

28

City & State

29

City & State

30

City & State

9. Name and Address of Current Registered Agent

DISTL, SHELLY M
955 4TH LANE
VERO BEACH FL 32962

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

3. Date Incorporated or Organized 38. Date of Last Report
09/22/1993 08/02/1994

4. EIN Number
65-0437521 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Election Campaign Financing
Total Fund Contribution \$5.00 May Be
Added to Fees

7. Florida Statutes (see instructions for information on Chapter 608.012)
Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 608.012 and 607.17(a) Florida Statutes, the above named corporation submits the 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 obligation of Section 607.0905 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
NAME	DP	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DISTL, SHELLY M	1. NAME	
STREET ADDRESS	955 4TH LANE	1. STREET ADDRESS	
CITY, ST, ZIP	VERO BEACH FL	1. CITY, ST, ZIP	
NAME	DVTS	2. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DISTL, DOUGLAS G	2. NAME	
STREET ADDRESS	955 4TH LANE	2. STREET ADDRESS	
CITY, ST, ZIP	VERO BEACH FL	2. CITY, ST, ZIP	
NAME		3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
NAME		4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
NAME		5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
NAME		6. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	
NAME		7. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		7. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		7. CITY, ST, ZIP	

14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and deemed qualify for the exemption stated in Section 119.05(1)(b), Florida Statutes. I further certify that the individual(s) indicated on this annual report or supplemental annual report is, is, true and accurate and that my signature shall have the same legal effect and trademark value that I am accustomed to placing on the corporate or the original or facsimile copy provided to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, on Block 7, and Block 8, in the same manner with my address.

SIGNATURE: *Shelly M. Distl*

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0076112 CP