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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000081354 (1)

DR. LEWIS K. CURTWRIGHT, INC.

Principal Place of Business Mailing Address 606 S. TAMPA AVE 606 S. TAMPA AVE. ORLANDO FL 32805 ORLANDO FL 32805-3661 3. Date Incorporated or Qualified 3a. Date of Last Report 11/19/1993 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3213932 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Ζiρ Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CURTWRIGHT, LEWIS K 606 S. TAMPA AVE. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32805 83 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE CURTWRIGHT, LEWIS K 1.2 NAME NAME 826 RIVERBOAT CR. STREET ADDRESS **13 STREET ADDRESS** ORLANDO FL 32828 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY-ST-7/F DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Jul 17 1997 8:00am

Secretary of State

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 finnual report is strue 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 occiver or trustee emptivered 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 or an attachmont with an indices. 407 422-2031