

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

AMENDED

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 DEC 18 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000004001
1. Corporation Name

THE CURA GROUP - GULF COAST DIVISION, INC.

Principal Place of Business Mailing Address
5633 Nutmeg Avenue 5633 Nutmeg Avenue
Sarasota, FL 34231 Sarasota, FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/07/94	
4. FEI Number 65-0462539	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 5101 NW 21st Avenue Suite, Apt #, etc 22 Suite 350 City & State 23 Ft. Lauderdale, FL Zip 24 33309	2a. Mailing Address 25 5101 NW 21st Avenue Suite, Apt #, etc 27 Suite 350 City & State 28 Ft. Lauderdale, FL Zip 29 33309
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Gary T. Oakley
5633 Nutmeg Avenue
Sarasota, FL 34231

81 Name A. Bruce Willard	85 Zip Code 33309
82 Street Address (P.O. Box Number is Not Acceptable) 5101 NW 21st Avenue	
83 Suite 350	
84 City Ft. Lauderdale	

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 A. B. Willard DATE 11/15/98
Signature typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Gary T. Oakley 5633 Nutmeg Avenue Sarasota, FL 34231 <input checked="" type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	P, D A. Bruce Willard 5101 NW 21st Avenue, Suite 350 Ft. Lauderdale, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sean Kildoff 413 Island Circle Sarasota, FL <input checked="" type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	S, D Danny L. Willard 5101 NW 21st Avenue, Suite 350 Ft. Lauderdale, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jeff Blankenship 1504 Suponic Avenue Sarasota, FL <input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	4000002722504-0 -12/24/98-01093-004 ****51.25 ****51.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: A. B. Willard DATE 11/15/98 954-677-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
A. BRUCE WILLARD, PRESIDENT

CR2E034 (10/97)