

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

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Mar 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000014819 (4)

1. Corporation Name  
RENEE CURY ASSOCIATES, INC.



Principal Place of Business  
N. GENE CURY  
4435 EMERSON STREET  
JACKSONVILLE FL 32207-4957

Mailing Address  
N. GENE CURY  
4435 EMERSON STREET  
JACKSONVILLE FL 32207-4957

3. Date Incorporated or Qualified 02/23/1994	3a. Date of Last Report 04/10/1996
4. FEI Number 59-3248767	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

MEIDE, MOSES JR.  
817 N. MAIN STREET  
JACKSONVILLE FL 32202

81. Name	10. Name and Address of New Registered Agent
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	5546 MIRAMAR DRIVE NORTH	1.2 NAME	
CITY-STATE-ZIP	JACKSONVILLE FL 32216	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY-STATE-ZIP	Change Addition
STREET ADDRESS	CHRY, N. GENE	2.1 TITLE	
CITY-STATE-ZIP	4435 EMERSON ST.	2.2 NAME	CURY, N. GENE
TITLE	JACKSONVILLE FL	2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY-STATE-ZIP	Change Addition
CITY-STATE-ZIP		3.1 TITLE	
TITLE		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	Change Addition
TITLE		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-STATE-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-STATE-ZIP	Change Addition
STREET ADDRESS		5.1 TITLE	
CITY-STATE-ZIP		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-STATE-ZIP	Change Addition
CITY-STATE-ZIP		6.1 TITLE	
TITLE		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	Change Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
N. GENE CURY 2/17/97 9043988199

0031945

CR2E034 (9/96)