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

PROFIT CORPORATION ANNUAL REPORT 1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000015082 (8)

CURB CREATION OF FLORIDA, INC.

Delegation I Dr. 1	n of D. ele-			oilion Addeson	<del></del>							
Principal Place of Business Mailing Address								* *************************************	·· ~u·u· ··##: #!!!		, ,-27 (4)	
10352 HENDERSON ST. Spring Hill Fl 34608				10352 HENDERSON ST. SPRING HILL FL 34608-7457								
-								6 5-4-1	10		<del></del>	
								3. Date Incorporated or Qualified 03/01/1994	3a. Date 01/29		eport	
2. Principal P	lace of Busine	ess	2a.	Mailing Address				4. FEI Number	1 01/20/		oplied For	
21				26				59-3227477		Not Applicable		
Suite, Apt. #, etc				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional				
22				27				Germoate of Status Desired		Fee Re	equired	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country				Zip Country				Trust Fund Contribution				
24	, ·		29	ր ՝ Ի <del></del> դ ՝			•	8. This corporation has fiability for intangible tax under s. 199.032, Florida Statutes Yes No				
		ind Address of C						10. Name and Address of New Registered Agent				
TON	ABLIN, EDWA	<b>VRD</b>				81	Name					
10352 HENDERSON ST.							Street Add	dress (P.O. Box Number is Not Acceptable)				
SPRING HILL FL 34608												
						83						
						84	City			85 Zip (	Code	
11 Dura cont	to the reading	of Continue 60	7.05.00 and 6	07 1509 Cloreda Stot	tuton the	abov.	o nomed on	poration authorite this statement for the	FL	hanaina l	to registered	
office or	registered age	both, in the	State of Flori	da. Such change wa	s authoriz	ed by	y the corpor	rporation submits this statement for the ation's board of directors. I hereby according to the control of the c	ept the appoir	ntment as	registered	
· · · · · · · · · · · · · · · · · · ·	arn takhillar Muh	n, and accept the	obligations o	1, George 607.0505,	Florida St	atutes	<b>S</b> .		1	9-9	77	
SIGNATURE	Same Specie	r ppgfed name of registe	ir o a fricanu tilk	if applicable (N	OTE Registe	red Age	ent signature req	ulred when reinstating)	DATE			
12.	<u> </u>	OFFICER	S AND DIRE		13			ADDITIONS/CHANGES TO OFF	CERS AND D	RECTOR		
TITLE	PRES			DELETE	1,1	TITLE			[	Change	Addition Addition	
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CITY-ST-ZIP						CITY-5						
TIFLE				DELETE	6.1	TITLE			Ţ.	Change	Addition	
NAMÉ					6.2	NAME						
1	1					DIDECT	7 4000000					

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 it changed or on an attachment with an address

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

83-4289 Phone #

0459463

**FILED** 

Jan 17 1997 8:00am

Secretary of State