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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P94000015354 (1)

CURB APPEAL, INC.

	of Business	h fall and Andreas				
Principal Place o		Mailing Address				
1147 CACTL MIDDLEBUR		1147 CACTUS CUT ! MIDDLEBURG FL 320				
2 Ebiophys Dis-	and During	T-2011		3. Date Incorporated or Qualified 02/21/1994	04/11/1995	
2. Principal Place of Business		28. Mailing Address 26 2121 Buchick AVE		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3229504	Not Applicable	
2 AfT 706		27 APT 706		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	55.00 May Be	
ORANGE PARK, FL		28 ORANGE PARK, FC		Trust Fund Contribution	Added to Fees	
Zip Tanasana	Country	Z _I p	Country	8. This corporation has liability fo	intangible tax under s. 199.032,	
3207	T	29 32073	30 CLAY		s [] No	
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New	Registered Agent	
	-07 -014400-0		o i Name	LUMPIESZ EDWARD) S	
	SZ, EDWARD S			Address (P.O. Box Number is Not Accepta	dress (P.O. Box Number is Not Acceptable)	
	ACTUS CUT LN		83	121 BURNICK AVE	APT 706	
MIDDLE	BURG FL 32068					
			84 City	10-11- 100-1	85 Zip Code	
I1. Pursuant to	the provisions of Sections 607 0502	and 607 1508. Florida Statute	e the above parced	CANGE PACK corporation submits this statement for the pi	FL 32673	
o registered	o agent, or both, in the State of Florida	a. Such change was authorize	ed by the corporation'	s board of directors. I hereby accept the ap	impose of changing its registered offic pointment as registered agent. I am	
larinar w tri	, and accept the obligations of Section	on 607.0505, Fiorida Statutes.			1 1.	
ignature ₋ si	ignature, typed or printed name of registered age (a	PLEASE DWARI)	LVMPIESZ IE: Registered Agent signature	required when reinstalings	1/24/96	
	OFFICERS AND					
	OFFICE AND MINE	DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
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appears in Block 12 or Block 13 it changed, or on an account to the EDWARD LUMPIES

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR EDWARD LUMPIESE

1/24/96 904 276 4770 Dele 904 276 4770

A SERVICE IN COME CARE DESIGNATION OF THE PARTY STATES AND ASSESSMENT ASSESSMENT ASSESSMENT OF THE PARTY ASSESSMENT ASSES