


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

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Apr 29 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 # p94000028905 (5) <small>1. Corporation Name</small>			
CURCHY ENTERPRISES, INC.			
<small>Principal Place of Business</small> 447 SONOMA VALLEY CR. ORLANDO, FL 32835		<small>Mailing Address</small> 447 SONOMA VALLEY CR. ORLANDO, FL 32835	
2. Principal Place of Business <small>21 Suite, Apt. #, etc.</small> <small>22 City & State</small> <small>23 Zip</small>	<small>2a. Mailing Address</small> <small>26 Suite, Apt. #, etc.</small> <small>27 City & State</small> <small>28 Zip</small>	3. Date Incorporated or Qualified 04/12/1994	3a. Date of Last Report 04/21/1996
24		4. FEI Number 59-3242216	<small>Applied For</small> <small>Not Applicable</small>
25		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
26		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28		9. Name and Address of Current Registered Agent CURCHY, CHRISTOPHER 447 SONOMA VALLEY CIRCLE ORLANDO, FL 32835	
29		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 <small>(Type, print, or printed name of registered agent and title if applicable)</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY, ST, ZIP</small>	DP <input type="checkbox"/> DELETE CURCHY, DIANE 447 SONOMA VALLEY CIR ORLANDO, FL 32835	<small>1.1 TITLE</small> <small>1.2 NAME</small> <small>1.3 STREET ADDRESS</small> <small>1.4 CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY, ST, ZIP</small>	DST <input type="checkbox"/> DELETE CURCHY, CHRISTOPHER 447 SONOMA VALLEY CIR ORLANDO, FL 32835	<small>2.1 TITLE</small> <small>2.2 NAME</small> <small>2.3 STREET ADDRESS</small> <small>2.4 CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY, ST, ZIP</small>	<input type="checkbox"/> DELETE	<small>3.1 TITLE</small> <small>3.2 NAME</small> <small>3.3 STREET ADDRESS</small> <small>3.4 CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY, ST, ZIP</small>	<input type="checkbox"/> DELETE	<small>4.1 TITLE</small> <small>4.2 NAME</small> <small>4.3 STREET ADDRESS</small> <small>4.4 CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY, ST, ZIP</small>	<input type="checkbox"/> DELETE	<small>5.1 TITLE</small> <small>5.2 NAME</small> <small>5.3 STREET ADDRESS</small> <small>5.4 CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY, ST, ZIP</small>	<input type="checkbox"/> DELETE	<small>6.1 TITLE</small> <small>6.2 NAME</small> <small>6.3 STREET ADDRESS</small> <small>6.4 CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> 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: Diane Curchy DIANE CURCHY , April 24, 1997 407-578-2270 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>			

CR2E034 (9/96)