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PROFIT CORPORATION ANNUAL REPORT



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

1990							
DOCUMENT 1. Corporation Name	#						

P94000047124 (0)

CURCIE AND URBANOWICZ KENNELS, INC.					
Principal Place of	of Business	Mailing Address			ŞBAR OQUU QUDU IBŞƏR MOLE ILDII AHƏL RODI
PO BOX 647 WEIRSDALE F		P OPBOX 177 SPARR FL 32192			
		US		3. Date Incorporated or Qualified 06/23/1994	3a. Date of Last Report 07/18/1995
2. Principal Place	ce of Business	2a. Mailing Address 26		4. FEI Number 59-3255276	Applied For Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	8. This corporation has liability or in Florida Statutes	□No
	9. Name and Address of Curre	ent Registered Agent	241 11	10. Name and Address of New Ro	gistered Agent
17281 SI	OWICZ, DAVID A E 130TH AVE ALE FL 32195		 81 Name 82 Street Address 83 84 City 	ess (P.O. Box Number is Not Acceptabl	FL 85 Zip Code
or registere familiar with SIGNATURE	ad agent, or both, in the State of Fic n, and accept the obligations of, Se Signature, types or printed name of registered age	urida. Such change was authorization 607.0505, Florida Statutes	ted by the corporation's boar 5. DTE Registered Agent signature requires		ontment as registerio agent. I am
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	D	☐ DELETE	1. 1 TIFLE		Change Addition
NAME STREET ADDRESS	CURCIE, THOMAS A 17281 SE 130TH AVE		1.2 NAME 1.3 STREET ADDRESS		
C-TY-ST-ZIP	WEIRSDALE FL 32195	DELETE	1.4 C/TY-ST-Z/P 2.1 TITLE		☐ Change ☐ Addition
TITLE	D DRAMONATOR DAVID A	been	2.2 NAME		
NAME CERCLE ADDRESS	URBANOWICZ, DAVID A 17281 SE 130TH AVE		2.3 STREET ADDRESS		
STREET ADDRESS	WEIRSDALE FL 32195		2.4 CHTY - ST - ZIP		
CITY-ST-ZIP TITLE	WEINSDALE PL 32193	□ DELETE	3 1 TITLE		Chang: Addition
NAME		D -	3 2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY - \$1 - ZIP			3.4 CITY - ST - ZIP		
TITLE		☐ DELETE	4. 1 TITLE		☐ Change ☐ Addition
NAME		***	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
1ITLE		☐ DELETE	5. 1 TITLE		Change 🗀 Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
ICITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
Crty-St-7iP			64 CITY-ST-ZIP		
14. I do hereby certify that oath; that I	the information indicated on this as	inual report or supplemental an poration or the receiver or trust	nual report is true and accura ee empowered to execute thi	for the exemption stated in Section 119, ate and that my signature shall have the is report as required by Chapter 607, Fig.	same legal effect as it mage under
SIGNAT	URE: SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFIC	TRANUAL V	P 4/24/86	JSK P62-25/J