FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P94000076839 (7)

1. Corporation Name

CURINGTON ENTERPRISES, INC.

Principal Place of Business

1202 TECH BLVD.
SUITE 207
TAMPA FL 33619
US

Mailing Address

7439 E. HILLSBOROUGH AVENUE
TAMPA FL 33610

3. Date Incorporated or Qualified: **10/19/1994**

3a. Date of Last Report: **01/19/1995**

4. FEI Number: **59-3278201** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has had no gain or loss for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

LEVY, BUDDY J
7439 E. HILLSBOROUGH AVENUE
TAMPA FL 33610

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 607.1505, 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. Hereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	D ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	CURINGTON, KEITH	1.2 NAME
STREET ADDRESS	7439 E. HILLSBOROUGH AVENUE	1.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL 33610	1.4 CITY-ST-ZIP
TITLE	D ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	MACKENZIE, KRISTI	2.2 NAME
STREET ADDRESS	7439 E. HILLSBOROUGH AVENUE	2.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL 33610	2.4 CITY-ST-ZIP
TITLE	D ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	CLARE, GLENDA	3.2 NAME
STREET ADDRESS	7439 E. HILLSBOROUGH AVENUE	3.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL 33610	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
TITLE	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied on this form is voluntary, furnished and 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 above, or on an attached sheet with an address.

SIGNATURE: BUDDY J. LEVY — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1/30/96 — (813) 623-3543

CR2E034 (12/95)