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

PROFIT CORPORATION **ANNUAL REPORT**

1**9**98

CURLES, JOHN

STARKE FL 32091

1648 **\$O**UTH WALNUT ST.

24



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

P95000039202 DOCUMENT #

g. Name and Address of Current Registered Agent

HANDI HOUSE OF STARKE, INCORPORATED

Principal Place of Business	Mailing Address	
1848 SOUTH WALNUT ST. STARKE FL 32081	PO BOX 549 STARKE FL 32091	DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualified 05/15/1995
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number Applied For 59-3372937 Not Applied
Suite, Apt. #, etc.	State, Apt. #, etc.	5. Certificate of Status Desired See Required Fee Required
City & State	City & State 28	6. Flection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country	ZiD Country	A This perpendice curse or has said the surrent was laborable

81

82

B3 84 City Zip Code

30

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Bogistered Agent signature required when minstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PVST DUTTE TITLE Change Addition **CURLES, JOHN** NAME 1.2 NAME 1648 SOUTH WALNUT ST. STREET ADDRESS 1.3 STREET ADDRESS **STARKE FL 32091** CITY-ST-ZIP 14 CHY - ST - ZIP DELETE TITLE 21 HHLF Change Addition **CURLES, JOHN** NAME 2.2 NAME 1648 SOUTH WALNUT ST. STREET ADDRESS 2.3 STREET ADDRESS STARKE FL 32091 CITY-ST-ZIP 2.4 CITY-ST-ZIE DELLITE TITLE 3.1 Intl 6 Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-\$1-7IP 🔲 DELETE TITLE Change 4.1 TITLE Addition NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DET LE TITLE 51 THEE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - ZIP 5 4 CHY-ST-ZIP 🔲 OLLETĒ TITLE 6111111 Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 is 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 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 very point on or the receiver or fluster employeed to execute this report as required by Chapter 607, Florida Statutes; and that my have appears in Block 12 or Block. It if quanticity or or an attachment with an address.

FILED

Jun 11 1998 8:00am

Secretary of State

Yes

Personal Property Tax due June 30.

Street Address (P.O. Box Number is Not Acceptable)

Name and Address of New Registered Agent