

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # P95000056950 (5)

1. Corporation Name
CURROW & DEMONTMOLLIN, INC.

Principal Place of Business
C/O KT&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET, 28TH FLOOR
MIAMI FL 33131

Mailing Address
C/O KT&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET, 28TH FLOOR
MIAMI FL 33131-2100



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
07/20/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0598730

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Test Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KT&S REGISTERED AGENT CORPORATION
100 S.E., 2ND STREET
28TH FLOOR
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature, required when resigning)

DATE

OFFICERS AND DIRECTORS

12. ~~BP~~
TITLE NAME STREET ADDRESS CITY- ST- ZIP
CURROW, JAMES C
913 PARROT CREEK WAY
CHARLESTON SC 29412

TITLE NAME STREET ADDRESS CITY- ST- ZIP
DST CURROW, MARION G
913 PARROT CREEK WAY
CHARLESTON SC 29412

TITLE NAME STREET ADDRESS CITY- ST- ZIP
DIP DE MONTMOLLIN, PHILIP
7010 SW 54 ST.
MIAMI FL 33155

TITLE NAME STREET ADDRESS CITY- ST- ZIP
D DE MONTMOLLIN, DOLORES A
7010 SW 54 ST.
MIAMI FL 33155

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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 *James C. Currow* 4/1/97 (912) 795-9211

CR2E034 (9/96)