PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000056950

CURROW & DEMONTMOLLIN, INC.

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90006 044 \*\*\*150.00



Principal Place of Business Querbach 6/0 KTGSS REGISTERED AGENT CORPORATION 100 3.E. 2ND STREET, 28TH FLOOR MIAMI-FL 33131-		Malling Maddess H. Querbach C/O KTOBS REGISTERED AGENT CORPORATION 100 S.E. 2ND STREET. 28TH FLOOR MIAM! FL 33131-		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  07/20/1995			
2 2 2 2 2 2	Topo of Business	2a. Mailing Address		4. FEI Number		Ann	olied For
		1.14	1	,	<u> </u>	Applicable	
21 2015 Biscoune Blvd. 26 2015 Bis Suite Apt. #, etc.				\$8.75 A			
Suite, Apt. #, etc.		27 Suite # 2000 .		5. Certifcate of Status De	sired 🔲		quired
22 Suite 2000   27   City & State   City		City & State	City & State			\$5.00	<del></del>
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			Zip Country		he current year Intan		/
24 33131 [25 USA 29 33131 [3			7	Personal Property Tax.	· -		IXNo
24 251 <del>-</del>	9. Name and Address of Current		<u> </u>	10. Name and Address of	New Registered Ag	jent	
1 <del>00-</del> 2 <del>8TI</del> -MIAN	AS REGISTERED AGENT CORPOR S.E., 2ND STREET I FLOOR- III FL 33131	83 ±± 84 City	Marc H. (dress (P. a. Box Number is Not. S. Discayr	Acceptable Blvd	85 Zip C	<u> </u>	
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 fartiflat with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES			
TITLE	DST	☐ DELETE	1.1 TITLE		[	Change	Addition
NAME	CURROW, MARION G		1.2 NAME	. 1 1 . ala /	n 1.		ļ
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CITY-ST-ZIP	VI <del>ENNA VA 22182</del>		1.4 CITY-ST-ZIP	Evans, GA	30809		
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CITY-ST-ZIP	MIAMI FL 33155	<u> </u>	2. 4 CITY-ST-ZIP =	<u> </u>	<u> </u>	- ·	
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CITY-ST-ZIP (**)	And the second of the second o		6.4 CITY-ST-ZIP				ļ

14. I 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, with all other like empowered.

SIGNATURE: DALING BERNING DELEGE OF DIRECTOR

4/15/49

706/855-0773

MARION G. CURROW