## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600004338 (5)

CURBING CONCEPTS, INC.

Principal Place of Business

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

6168 UNGERER PALM BEACH	R ST GARDENS FL 33418	6168 UNGERER ST PALM BEACH GARDEN	6168 UNGERER ST PALM BEACH GARDENS FL 33418					
The second secon						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						01/11/1996		
2. Principal F	2a. Mailing Address	lalling Address			4. FEI Number	Applied For		
21		26				65-0636465	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			F	\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required		
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be		
23	· · · · · · · · · · · · · · · · · · ·	28				Added to Fees		
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the c	urrent year Intangible	
4 25		29	30	30		Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
ANDERSON, MARTY 6168 UNGERER ST PALM BEACH GARDENS FL 33418				81	82 Street Address (P.O. Box Number is Not Acceptable)			
				92				
				82	Sueel Addi	Aduless (P.O. DOX NUMBER IS NOT ACCEPTABLE)		
·				83				
				84	City	F		
<ol> <li>Pursuant office or</li> </ol>	to the provisions of sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Stat le of Florida, Such change wa	tutes, the abo	ove-i	named corpo	ration submits this statement for the purpose of	changing its registered	
agent. I a	am familiar with, and accept the obli	gations of, section 607.0505,	Florida Stat	utes		on's board of directors. I hereby accept the app	on terioric do rogistoros	
SIGNATURE	· · · · · · · · · · · · · · · · · · ·							
12.	Signature, typed or printed name of registered ag		(NOTE Register	red Aç	ent signature requ	ired when reinstating) DATE		
TITLE	OFFICERS AND DIRECTORS			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS		
NAME	ANDERSON, MARTY			1.2 NAME			Change Addition	
STREET ADDRESS				1.3 STREET ADDRESS				
	DAI ÉA DEAGUL GADDENG EL							
CITY-ST-ZIP TITLE	VP			CITY-ST-ZIP				
VAME	ANDERSON, PAMELA	L_ DELETE	. 2.1 T(T	-			Change Addition	
	A LAA I DIA BRANK AN			2.2 NAME				
STREET ADDRESS	PALM BEACH GARDENS FL		1		ADDRESS			
CITY-ST-ZIP	LYMB DEWALL GWLAENS LI		24.00	V.CT	71D F			

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 on an attactment with an address.

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

NATURE 9-23-98 G

DELETE

DELETE

DELETE

DELETE

CR2E034 (5/98)

Change Addition

Change Addition

Change Addition

Change 🔲 Addition

**FILED** 

Oct 01 1998 8:00am

Secretary of State