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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600024946 (1)

JAMIE B. CURTIS, INC.

FILED May 08 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 313 SUNNYSIDE RD 313 SUNNYSIDE RD TEMPLE TERRACE FL 33614 TEMPLE TERRACE FL 33617 2. Principal Place of Business 2a. Mailing Address 21			17-7235	7-7235		3. Date Incorporated or Qualified \$8. Date of Last Report		
			 -				03/15/1996 4. FEI Number	
Suite, Apt #, etc 2		Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	Country	28	City & State	T	ıntr.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25	29	Zip	30	untry	•	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
	and Address of Current F		tered Agent				10. Name and Address of New Registered Agent	
CURTIS, JAMIE	8				81	Name		
313 SUNNYSIDE RD TEMPLE TERRACE FL 33617					82	Street Addr	Iress (P.O. Box Number is Not Acceptable)	
					83			
					84	City	FL 85 Zip Code	
office or registered ag agent. I am familiar w SIGNATURE	pent, or both, in the State of th, and accept the obligate or pollest name of registered agents OFFICERS AND I	Flori ons o	da. Such change was f, Section 607.0505, Fli of applicable(NOT	authorize orida Sta	tute:	y the corporat s.	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered when reinsteing) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	Jamie B Nyside RD Terrace FL 33617		DELETE.	- 1	iame Treet	ADDRESS ST-ZIP	☐ Change ☐ Addit	
TOLE NAME STHEET ADDRESS CITY-SL-ZIP			[_] DELETE	2.1 T 22 N 23 S	ITLE IAME TREET	r address St-zip	Change Addit	
TRUE NAME STREET ADDRESS CITY: \$1: 70°			DELETE	3.1 T 3.2 N 3.3 S	ITLE IAME ITREET	I ADDRESS ST-ZIP	☐ Change ☐ Addit	
1/1/15			DOLETO	447	ITLE			
NAME STREET ADDRESS COTY-S1-209	_		[_] DELFTE	4. 2 I 4.3 S		TADDRESS :	Change Addii	
NAME		·	DELETE	4.21 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	TREET TILE JAME TREET	T ADDRESS	Change Addit	

4. Ido hereby certify that the information supplied with this filling 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; the lam 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 18 if changed by on an argument with an address.

SIGNATURE

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

fres

4/10/47 (81) 419-053

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