

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

FILED  
Jun 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000028374 (2)**

1. Corporation Name:

**THE CURA GROUP, INC.**

Principal Place of Business

Mailing Address

**9660 SAMPLE ROAD, STE 101  
CORAL SPRINGS FL 33065**

**9660 SAMPLE ROAD, STE 101  
CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/02/1996**

4. FEI Number

**65-0653827**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 9660 WEST SAMPLE ROAD**

Suite, Apt. #, etc.

**22 SUITE 101**

City & State

**23 CORAL SPRINGS, FL**

Zip

**24 33065**

Country

**25 BROWARD**

2a. Mailing Address

**26 9660 WEST SAMPLE ROAD**

Suite, Apt. #, etc.

**27 SUITE 101**

City & State

**28 CORAL SPRINGS, FL**

Zip

**29 33065**

Country

**30 BROWARD**

9. Name and Address of Current Registered Agent

**MEDALIE, RON  
9660 SAMPLE RD., STE 101  
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name

**ALAN B. WILLARD**

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

**9660 WEST SAMPLE ROAD S-1-1**

83

84 City

**CORAL SPRINGS**

**FL**

85 Zip Code

**33065**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MEDALIE, RON</b>	
STREET ADDRESS	<b>9660 SAMPLE RD., STE 101</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLARD, DANNY</b>	
STREET ADDRESS	<b>9660 SAMPLE RD., STE 101</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLARD, BRUCE</b>	
STREET ADDRESS	<b>9660 SAMPLE RD., STE 101</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>D/VP/SCR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>WILLARD, DANNY L.</b>	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>D/P/TRSR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>WILLARD, A. BRUCE</b>	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>VP/FINANCE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>HOADLEY, SHARLEEN</b>	
4.3 STREET ADDRESS	<b>9660 W SAMPLE ROAD S-101</b>	
4.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<b>VP</b>	
5.2 NAME	<b>RAY DILE</b>	
5.3 STREET ADDRESS	<b>9660 W SAMPAL ROAD S-101</b>	
5.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME	<b>000002554120</b>	
6.3 STREET ADDRESS	<b>-06/10/98--01015--027</b>	
6.4 CITY-ST-ZIP	<b>***158.75</b>	

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 in an attachment with an address.

CP2E034 (10/97)