

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90101 021 \*\*\*158.75

DOCUMENT # P96000028374

1. Corporation Name

THE CURA GROUP, INC.

Principal Place of Business  
9660 WEST SAMPLE ROAD  
SUITE 101  
CORAL SPRINGS FL 33065

Mailing Address  
9660 WEST SAMPLE ROAD  
SUITE 101  
CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5101 NW 21ST AVE

Suite, Apt. #, etc.

22 350

City & State

23 FT LAUDERDALE FL

Zip

24 33309

Country

25

2a. Mailing Address

26 5101 NW 21ST AVE

Suite, Apt. #, etc.

27 350

City & State

28 FT LAUDERDALE FL

Zip

29 33309

Country

30

3. Date Incorporated or Qualified

04/02/1996

4. FEI Number

65-0653827

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Xes

□ No

9. Name and Address of Current Registered Agent

WILLARD, ALAN B  
9660 WEST SAMPLE ROAD  
SUITE 101  
CORAL SPRINGS FL 33065

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVS ☐ DELETE

NAME WILLARD, DANNY

STREET ADDRESS 9660 WEST SAMPLE ROAD, SUITE 101

CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE VPT ☐ DELETE

NAME WILLARD, A. BRUCE

STREET ADDRESS 9660 WEST SAMPLE ROAD, SUITE 101

CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE VPF ☒ DELETE

NAME HOADLEY, SHARLEEN

STREET ADDRESS 9660 WEST SAMPLE ROAD, SUITE 101

CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE VP ☐ DELETE

NAME DILE, RAY

STREET ADDRESS 9660 WEST SAMPLE ROAD, SUITE 101

CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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

5101 NW 21ST AVE SUITE 350  
FT LAUDERDALE FL 33309

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0287607

CR07034 (4/1/99)