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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000030383 (9)

CURRAN FINANCIAL CONSULTING, INC.

Principal Place of Business

Mailing Address

FILED Apr 28 1998 8:00am Secretary of State



GS41 LANDMARK DRIVE ORLANDO FL 32817	4341 LANDMARK DR ORLANDO FL 32817	UAF		
ONDUNO FL MOIT	ORLANDO FL 32817		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			04/01/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3375061	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		5. Colonomic of Oldinos Edulinos	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Ζιρ	Country	8. This corporation owes or has paid the o	
24 25	[29]	30	Personal Property Tax due June 30.	Yes No
	f Current Registered Agent	81 Name	10. Name and Address of New Registere	a Agent
CURRAN, BARRY W		Name	_	
4341 LANDMARK DRIVE		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32817		83		
		83		
		84 City		85 Zip Code
			F	-
 Pursuant to the provisions of Sections office or registered agent, or both, in t agent. I am familiar with, and accept t 	607.0502 and 607.1508, Florida Sta he State of Florida. Such change w he obligations of Section 607.0505	atutes, the above-named corp as authorized by the corporat Elorida Statutes	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
	or gardine or, Cooker Corrodo	, 10100 510100		
SIGNATURE Signature, typed or printed name of rec	pstered agent and bite it applicable ((NOTL : Registered Agent signature requi	ired when reinstating) DATE	
	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	☐ DELETE	1.1 TITLE		Change Addition
NAME CURRAN, BARRY W		1.2 NAME		
STREET ADDRESS 4341 LANDMARK DRI	VE	1.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL 32817		1.4 CITY - ST - ZIP		
TITLE D	☐ DELETE	2.1 TITLE		Change Addition
NAME CURRAN, VICTORIA A		2.2 NAME		
STREET ADDRESS 4341 LANDMARK DRI	VE	2.3 \$TREET ADDRESS		
CRY-ST-ZIP ORLANDO FL 32817		2.4 CITY - ST - ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREE1 ADDRESS		
CITY-ST-ZIP		3.4 CITY-S1-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY- ST-ZIP	<u> </u>	
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP	<u> </u>	
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREFT ADDRESS		
CITY-ST-ZIP		6.4 CITY- ST-ZIP		

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 actives.