**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Feb 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** P96000073076 (7) DOCUMENT # ANTHONY CURRY ENTERPRISES INC. Principal Place of Business Mailing Address **8470 PALM PARKWAY** 8470 PALM PARKWAY ORLANDO FL 32836 ORLANDO FL 32836 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3397582 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23  $\Box$ 26 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CORPORATION SERVICE COMPANY HNTHONY 1201 HAYS STREET 82 CRT TALLAHASSEE FL 32301 83 ORLANDO 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 families and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition NAME CURRY, ANTHONY E 1.2 NAME 7210 WEST POINTE BLVD. #1334 STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32835 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - 7IP 2.4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Addition Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST ZIP 3.4. CITY - ST - ZIP TITLE □ DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. Thereby 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 atte

6.1 1/TLE

6.2 NAME

6.3 STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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Change

Addition