

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR 24 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000082231
1. Corporation Name

THE CURA GROUP I, INC.

Principal Place of Business Mailing Address
9660 Sample Road 9660 Sample Road
Suite 101 Suite 101
Coral Springs, FL 33065 Coral Springs, FL 33065

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/4/96	N/A
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	65-0704856	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

Ron Medalie
9660 Sample Road
Suite 101
Coral Springs, FL 33065

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
Director	Ron Medalie	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
Director, President, Secretary, Treasurer	9660 Sample Road, Suite 101	600002153486--6	-04/24/97-01046-015
Director	Danny Willard	2.1 TITLE	2.2 NAME
Director	9660 Sample Road, Suite 101	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
Director	600002153486--6	3.1 TITLE	3.2 NAME
Director	9660 Sample Road, Suite 101	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
Director	600002153486--6	4.1 TITLE	4.2 NAME
Director	9660 Sample Road, Suite 101	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
Director	600002153486--6	5.1 TITLE	5.2 NAME
Director	9660 Sample Road, Suite 101	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
Director	600002153486--6	6.1 TITLE	6.2 NAME
Director	9660 Sample Road, Suite 101	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
Director	600002153486--6		

14. I do 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.

SIGNATURE:

Ron Medalie, Director

4/22/97

954/796-2872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)