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

CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Jun 01 1998 8:00am Secretary of State

CURRE	ENT DESIGNS CO	INTRACTING, INC	MENDINENT 1/19/90		
Principal Place		Mailing Address			istill Links minnt finith anns 4001
6901 CYPRESS ROAD		6901 CYPRESS ROAD			
APT 18-D		APT 18-D		DO MOT MOTO MATARIO DE CO	
PLANTATION F	L 33317	PLANTATION FL 33317		DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified 04/30/1997	
2. Principal Pla	ace of Business	2a, Mailing Address		4. FFI Number	Applied For
21		26		65-0762064	Not Applicable
Suite, Apt. #	/. etc	Suite, Apt. #, etc			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	B. This corporation owes or has paid the o	urrent year Inlangible
24	25		30	Personal Property Tax due June 30.	Yes No
	Name and Address of Curre	nt Registered Agent	04 Name	10. Name and Address of New Registere	d Agent
	RICS, ISTVAN		81 Name		
	1 CYPRESS ROAD		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	18-D		63		
PLA	NTATION FL 33317		63		
ĺ			84 City	F	85 Zip Code
44 Pureupel to	the provisions of Sections 607 Ob	02 and COZ 1508 Florida Statuto	is the above named corr		
office or re	gistered agent, or both, in the State	e of Honda. Such change was a	uthorized by the corporal	oration submits this statement for the purpose lion's board of directors. I hereby accept the a	ppointment as registered
l	h tamiliar with and accept the obliq	jations of, Section 607,0505, Floi	nda Statules.		
SIGNATURE	Signature, typical or perited name of registers due	pent and to a Papplicable (NOTE	Registered Apont signature requir	red when reinstating) DATE	
12.	OFFICERS AN	AD DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12/
TITLE		☐ DELETE		RESIDIRITREASURER	Change Addition
NAME			12 NAME R	OUBIK BATIAN	
STREET ADDRESS				I)) N.W. II, ST.	
CITY-ST-ZIP			14 CITY-SI-ZIP PL	ANTATION, FL. 33322	
TITLE		DELETE	21 THILE	PRES. DIRECTOR SECTY	Change Addition
NAME			22 NAML	STVAN PETRICS	P-0
STREET ADDRESS			23 STHEET ADDRESS 69	STVAN PETRICS TO 1 Cypress Rd., Apt. 18	, -
CITY-ST-ZIP			2 4 CHY-SI-ZIP	ANTATION, FL, 33317	
TIPLE		☐ DELETE	3111111	•	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		The believe	3.4. CITY-S1-7IP		Charles To Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-\$1-7IP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TIFLE		L_) DELETE	5.1 TITLE		
NAME			5.2 NAME	60000254 36 -06/02/98010210	/ 100
STREET ADDRESS			5.3 STREET ADDRESS	***150.00	טטונ
CITY-SI-ZIP		DELETE	5.4 CITY - ST - ZIP	***100.00	
TITLE		F"I DEFEIG	6.1 HTLE		ADDITION LI ADDITION
NAME			6.2 NAME	/	91
STREET ADDRESS			6.3 STREET ADDRESS	•	- <u>\</u>

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 changes, or on an attachment with an address.