## 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 # P97000074728 (1)

**CURLEW GROUP, INC.** 

Principal Place of Business

Mailing Address

## **FILED** Apr 29 1998 8:00am Secretary of State



9225 GULFSHORE DRIVE NORTH NAPLES FL 34108		9225 GULFSHORE DRIVE NORTH NAPLES FL 34108				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified
2. Principal Place of Business 2a. Mailing Ad-						08/28/1997 4. FEI Number Applied For
21	IROG OF DOSTIOSS	26				59-3472717 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			•	SR 75 Additional
22	_	27				5. Certificate of Status Desired Fee Required
City & State	8	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24	25] 9. Name and Address of Current	29   30  Registered Agent			10. Name and Address of New Registered Agent	
				81	Name	
	'E. VIRGINIA ST.			Ctroot	A Address (D.O. Boy Newsboy is Not Assentable)	
STE		82 Street Ad		Street	t Address (P.O. Box Number is Not Acceptable)	
	LAHASSEE FL 32301-1283	<b>₹</b>		83		
				84	City	FL 85 Zip Code
44 Durement	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	e the e	have	-named	
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 agen	it and title if applicable (NOTE	Registere	d Age	nt signature	re required when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TO			PD Change Addition
NAME	TIERNEY, PETER J		1.2 NAME			TIERNEY, PETER J 541 110th AVE N
STREET ADDRESS	1201 ROYAL PALM DRIVE				address	NAPLES FL 34108
CITY-ST-ZIP			ITY - \$1	- 21P	NAPLES FL. 34108	
TITLE	D	C DECEIE	2.1 TITLE			Charge C Addition
NAME	MOORE, MICHAEL J		2.2 NAME			
STREET ADDRESS	582 GORDONIA RD.				address	The state of the s
CITY+ST-ZIP TITLE	NAPLES FL 34108	☐ DELETE	2. 4 C	TIF	I-ZIP	Change Addition
NAME	•			AME		ES onlings Es yourself
STREET ADDRESS				ADDRESS		
	Many me my access			inte i ITY - S		
CITY-ST-ZIP TITLE	DELETE 411			1-211	Change Addition	
NAME		_	4. 2 N			
STREET ADDRESS			•		ADORESS	
CITY-ST-ZIP				TY - S1		
TITLE		DELETE	5.1 T(		·	Change Addition
NAME	5.21		5.2 N	AME		
STREET ADDRESS			5.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			5.4 0	(TY - \$1	- ZIP	
TITLE			6.1 TI			Change Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 \$1	TREET	ADDRESS	
CITY-ST-ZIP			6.4 CI	ITY - \$1	- ZIP	
	ertily that the information supplied wit	h this filing does not qualify to	r the exe	emnt	ion state	ted in Section 119.07(3)(i). Florida Statutes, I further certify that the information

I nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.