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

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000074728

1. Corporat on Name

CURLEW GROUP, INC.

Principal	Place (of Busin	ess	

Mailing Address

9225 GULFSHORE DRIVE NORTH NAPLES FL 34108

9225 GULFSHORE DRIVE NORTH NAPLES FL 34108

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90023 019 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date In corporated or Qualifed 08/28/1997			
1 Dringing D	loop of Purinoss	2a. Mailing Address			4. FEI Number Applied For			
				59-3472717 Not Applicable				
Suite, Apt.	# atc	Suite, Apt. #, etc.			\$8.75 Additional			
2 Suite, Apt.	#, 6 10.	27			5. Certificate of Status Desired Fee Required			
City & State	e	City & State			6. Electior Campaign Financing \$5.00 Nay Be			
3		28			Trust Fund Contribution Added to Fees			
Zip	County	Zip	Countr	У	8. This co poration owes the current year Intangible			
4	25	29 3	0		Personal Property Tax. Yes No			
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Registered Agent			
			81	Name				
TIERNEY, PETER J			82	82 Street Address (P.O. Box Number is Not Acceptable)				
541 - 110TH AVE. NORTH			0.	SueerA	Authors (1.0. Dox rumber to Not Note placing)			
NAPLES FL 34108		83	3					
			84	City	FI_ 85 Zip Ccde			
					corporation submits this statement for the purpose of changing its registered			
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	' Florida. Such change was aut	honzed by	/ the corpor	ora ion's board of directors. I hereby accept the appointment as registered			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE R	tegistered Age	ent signature rec	equi ed when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition			
NAME	TIERNEY, PETER J		1.2 NAME					
STREET ADDRES 3	541 110TH AVE N		13 STREE	T ADDRESS				
CITY-ST-ZIP	NAPLES FL 34108		1.4 CITY-1	ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition			
NAME	MOORE, MICHAEL J		2.2 NAME					
STREET ADDRESS				ET ADDRESS				
	NAPLES FL 34108		2. 4 CITY-					
CITY-ST-ZIP TITLE	D	DELETE	3.1 TITLE	OI-ER	☐ Change ☐ Addition			
	⁼	<u></u>	3.2 NAME					
NAME	BEUSCHEL, KARL W 4230 7TH AVENUE N.W.		1	ET ADDRESS				
STREET ADDRESS			2					
CITY-ST-ZIP	NAPLES FL 34118	☐ DELETE	34 CITY-	31-ZIF	Change Addition			
TITLE			4. 2 NAME					
NAME								
STREET ADDRES 3				ET ADDRESS				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	51-ZIP	Change Addition			
TITLE		L DLLLIL	5.1 HILE 5.2 NAME					
NAME			1	ET ADDRESS				
STREET ADDRES 3			1					
CITY-ST-ZIP			5.4 CITY-		Change Addition			
TITLE		☐ DELETE	6.1 TITLE	f	∟ Change			
NAME			6.2 NAME					
STREET ADDRES 3			6.3 STREI	ET ADDRESS				
CITY, ST. ZIP			6.4 CITY-	ST-ZIP				

14. 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 a mual 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 coefficient 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, of on an attachment with an address, with at other like empowered.

SIGNATURE: