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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000078476 (3)

STANLEY K. CURTIS P.T., P.A.

Principal Place of Business

SIGNATURE:

Mailing Address

FILED Feb 11 1998 8:00am Secretary of State



020698

813 OAKWOOD AVENUE 813 DAKWOOD AVENUE NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32169 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/10/1997 2a. Mailing Address FEI Number Principal Place of Business Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Zid Country 8. This corporation owes or has paid the current ear intangible Yes Yes ☐ No Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BARKER, RICHARD S 12699 NEW BRITTANY BLVD. Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33907 83 Zip Code 84 City 85 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 Statu 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. (NCITE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change TITLE CURTIS, STANLEY K 1.2 NAME NAME 813 OAKWOOD AVENUE 1.3 STREET ADDRESS STREET ADDRESS **NEW SMYRNA BEACH FL 32169** 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 31 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CiTY - ST - ZIP CITY-ST-ZIP Addition Change TITLE DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 51 TITLE TITLE 52 NAME NAME **53 STREET ADDRESS** STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP 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 supplieriental 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