

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

04-29-1999 90212 038 ***150.00

DOCUMENT # P98000102357

1. Corporation Name
CURTIS MEDICAL INVESTMENTS, INC.

Principal Place of Business

780 S. APOLLO BLVD
SUITE 107
MELBOURNE FL 32901

Mailing Address

780 S. APOLLO BLVD
SUITE 107
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1998

4. FEI Number

59-3567610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 670 N. COURTENAY PKAY
Suite, Apt. #, etc.
22 Suite B-17

2a. Mailing Address

26 P.O. BOX 540941
Suite, Apt. #, etc.
27

City & State

23 MERRITT ISLAND FL

City & State

28 MERRITT ISLAND, FL

Zip

24 32953

Country

Zip

29 32954

Country

30

9. Name and Address of Current Registered Agent

~~BARLOW, T.M.~~
~~780 S. APOLLO BLVD~~
~~SUITE 107~~
~~MELBOURNE FL 32901~~

10. Name and Address of New Registered Agent

81 Name RONALD J. LUCAS
82 Street Address (P.O. Box Number is Not Acceptable)
670 N. COURTENAY PKAY
83 Suite B-17
84 City MERRITT ISLAND FL 85 Zip Code 32953

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

Ronald J. Lucas RONALD J. LUCAS Secretary 4/20/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARLOW, T.M.	
STREET ADDRESS	780 S. APOLLO BLVD., SUITE 107	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	MICHAEL HILL	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	MICHAEL HILL	
STREET ADDRESS	BOX 540941	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	SECRETARY / TREASURER	<input type="checkbox"/> DELETE
NAME	RONALD J. LUCAS	
STREET ADDRESS	P.O. BOX 540941	
CITY-ST-ZIP	MERRITT ISLAND, FL 32954	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE:

Ronald J. Lucas SECRETARY 4-20-99 407-453-3561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)