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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harrls

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90111 021 \*\*\*150.00

DOCL	JMENT	#	S43492
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1. Corporation Name

CURING TECHNOLOGY, INC.

Coniiva	TECHNOLOGI, INC.			_					
Principal Plac	e of Business	Mailing Address				1 18811818 131 31000 11111 3110 13110			Eren Gren 1889
110 RIVER OAKS RD.  MELBOURNE BCH FL 32951  US  PO BOX 511057  MELBOURNE BCH FL 32951  US  US		51			DO NOT WRITE	IN THIS	SPACE		
						3. Date Incorporated or Qualifed 04/05/1991			
2 Principal D	Place of Business	2a. Mailing Address				4, FEI Number			pplied For
21	Tace of Business	26				59-1311623			ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.							Additional
22		27				5. Certificate of Status Desired			equired
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current			
24	25	29	30			Personal Property Tax.		Yes	No
	9. Name and Address of Cur	rent Registered Agent	<del></del>	81	Name	10. Name and Address of New Rec	gisterea A	rgent	· <del>-</del>
1 UN	idgren, gary		Ľ		Name				
110	RIVER OAKS RD.		Ī	82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
	BOURNE BCH FL 32951		r.	83					
			L						
			ľ	84 (	City		FL	85 Zip	Code
		1502 and 607 1508 Florida Statut	oe the sh	0V/O-E	amed corpo	ration cubmite this statement for the Nu			
office or r	registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such change was a igations of, Section 607.0505, Flo	uthorized l orida Statut	by the les.	e corporation	ration submits this statement for the pun's board of directors. I hereby accept to	he appoin	tment as re	egistered
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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 of 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 changing, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 01-99

Daytime Phone #

CR2E034 (11/9