

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

FILED  
Mar 14 1997 8:00am  
Secretary of State

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| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  <b>FLORIDA DEPARTMENT OF STATE<br/>Sandra B. Mortham<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |  |
| <b>DOCUMENT # J19690 (3)</b><br>1. Corporation Name<br><b>CHRISSY'S ENTERPRISES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                |  |
| Principal Place of Business<br><b>16970 S.E. 61ST PLACE<br/>#113<br/>OCKLAWAHA FL 32179-3214<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Mailing Address<br><b>16970 S.E. 61ST PLACE<br/>113<br/>OCKLAWAHA FL 32179-3214<br/>US</b>                                                                                                     |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br><b>Delete # 113</b><br>22 City & State<br><b>23</b><br>24 Zip<br><b>25</b> Country<br><b>26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br><b>Delete # 113</b><br>27 City & State<br><b>28</b><br>29 Zip<br><b>30</b> Country<br><b>31</b>                                               |  |
| g. Name and Address of Current Registered Agent<br><b>LARSON, CHRISTINE MARY<br/>16970 S.E. 61ST PLACE<br/>OCKLAWAHA FL 32179</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 85 Zip Code                                     |  |
| 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<br>Signature, typed or printed name, of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when re-registering.) DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><b>PT<br/>LARSON, CHRISTINE MARY<br/>16970 S.E. 61ST PLACE<br/>OCKLAWAHA FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><b>VPS<br/>LARSON, DONALD JAMES<br/>16970 S.E. 61ST PLACE<br/>OCKLAWAHA FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><b>PT<br/>LARSON, CHRISTINE MARY<br/>16970 S.E. 61ST PLACE<br/>OCKLAWAHA FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><b>VS<br/>LARSON, DONALD JAMES<br/>16970 S.E. 61ST PLACE<br/>OCKLAWAHA FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |  |
| 14. I do 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. |  |                                                                                                                                                                                                |  |



CR2E034 (9/96)

SIGNATURE: Christine Mary Larson

1-18-97 (352) 126-2310