FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

L53810

CHRISTIAN	BILLI DEDC	INC OF	MOUNT	DODA
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Principal Place of Business Mailing Address					i ezalizii bal dilaa libit ibidi ila	II <b>Ba</b> il <b>a</b> fbei <b>Gib</b> ei		FII 8181  QIBI  IQQ		
2104 SOUTH BAY STREET 1621 TEXAS CT. EUSTIS FL 32726			POST OFFICE BOX 1607 1621 TEXAS CT. MOUNT DORA FL 32757							
U\$			U\$				3. Date Incorporated or Qualified 02/26/1990	3a, Date of 05,	Last F	
2. Principal Pla	ce of Business		Mailing Address				4. FEI Number			Applied For
Suite, Apt. #	ato	26	Colle Ant B at-		•••••		59-3015901			Not Applicable
22		27	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	-1556	Zip Country			ntanoible tay ı		to Fees		
24	25	29	30		This corporation has liability for intengible tax under s 199,032, Florida Statutes					
	g, Name and Address of Current	Regis	tered Agent		1		10. Name and Address of New R		ent	
					81	Name				
	R JR., CHARLES C.				82	Street Arid	ress (P.O. Box Number is Not Acceptab	16)		
	OUTH BAY STREET					Olloci Add				
EUSTIS	FL 32726				83					
					84	City		FI	B5 Zi	p Code
11. Pursuant to	the provisions of Sections 607,0502 a	and <b>6</b> 0	7.1508. Florida Statu	tes the ah	J	L	ration submits this statement for the pur		iog ite :	rapidared office
	ed agent, or both, in the State of Florida n, and accept the obligations of, Sectio				corp	oration's boa	ration subtring this statement for the purp and of directors. I hereby accept the appo	pintment as reg	jisterec	agent. Lam
SIGNATURE	i, and accept the congations of Section	11 007.	0000, Florida Statute	S.						
	Signature, typed or printed name of registered agent ar	id titl∋ if a	appłoable (N	ÓTE: Rogistere	ed Ager	nt signature require	ed where reinstating)	DATE		
12.	OFFICERS AND	DIFIEC		13.			ADDITIONS/CHANGES TO OFFI		RECTO	DRS IN 12
TITLE	D		DELETE	1.1	TITLE				Change	Addition
NAME	BREWER, CHARLES C.			1.21	NAME					
STAFET ADDRESS	1621 TEXAS CT.			13	STREET	ADDRESS				
CITY-ST-ZIP	TAVARES FL			14	CITY-S	ST - ZIP				
TITLE			DELETE	2 1	TITLE				Change	☐ Addition
NAME	BREWER, EVELYN M				NAME					
STREET ADDRESS	1621 TEXAS CT. TAVARES FL					ADDRESS				
CITY-ST-ZIP TITLE	PD PD		[] DELETE	···	C·TY - S	I - ZIP				
NAME	BREWER, CHARLES C. JR.				TITLE			∐ (	Change	☐ Addition
STREET ADDRESS	2104 S. BAY STREET				NAME					
CITY-ST-ZIP	EUSTIS FL					1 ADDRESS				
TITLE	STD		DELETE		CITY - S Title	1-ZIP		<u></u>	hange	Addition
NAME	BREWER, SHARON G.			- 6	NAME			، لیا	znanye	T VOOLUUM
STREET ADDRESS	2104 S. BAY STREET			ŀ		ADDRESS				
CITY-ST-ZIP	EUSTIS FL				DITY - S					-
TITLE			DELETE		TITLE				hange	Addition
NAME				5.21	MAME					
STREET ADDRESS				5.3 \$	STREET	ADDRESS				
CITY-ST-ZIP				540	CITY-S	T-ZIP				
TATLE			DELETE	6 1	TITLE	1			hange	Addition
NAME				621	BMAR					
STREET ADDRESS				635	STREET	ADDRESS				
CITY-ST-ZIP	portification the interesting	U. 41 *-	66a - 15 - 15 - 15 - 15 - 15 - 15 - 15 - 1	640	CITY-S	1 - 21P				
oath; that I	ine intornation indicated on this annila	rapon tion or	i or supplernental anr The receiver or truste	iual report e embowe	ie tru	io and accura	or the exemption stated in Section 119.0 do and that my signature shall have the s s report as required by Chapter 607, Flo	sooso toogal affa	16	ا ــاـــــــــــــــــــــــــــــــــ

SIGNATURE:

SHARON BREWER SHARON BREWER

357-1001 Daylinie Phone #