

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V04328** (3)

1. Corporation Name
CRIST REALTY, INC.



Principal Place of Business: **701 ENTERPRISE ROAD EAST SUITE 302 SAFETY HARBOR FL 34695**
Mailing Address: **701 ENTERPRISE ROAD EAST SUITE 302 SAFETY HARBOR FL 34695**

3. Date Incorporated or Qualified: **01/06/1992**
3a. Date of Last Report: **01/25/1995**
4. FEI Number: **59-3102096**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **701 ENTERPRISE ROAD EAST SUITE 302 SAFETY HARBOR FL 34695**
2a. Mailing Address: **701 ENTERPRISE ROAD EAST SUITE 302 SAFETY HARBOR FL 34695**
21. State, Apt. #, etc.:
22. City & State:
23. Zip: Country:
24. Zip: Country:

9. Name and Address of Current Registered Agent
**RAMBAUM, WILLIAM
622 BYPASS ROAD
SUITE 101
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS
1. TITLE: **DP** DELETE
NAME: **CRIST, JOHN**
STREET ADDRESS: **701 ENTERPRISE RD, #302**
CITY, ST, ZIP: **SAFETY HARBOR FL**
2. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
3. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
4. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
5. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
6. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
2. NAME:
3. STREET ADDRESS:
4. CITY, ST, ZIP: Change Addition
5. TITLE: Change Addition
6. NAME:
7. STREET ADDRESS:
8. CITY, ST, ZIP: Change Addition
9. TITLE: Change Addition
10. NAME:
11. STREET ADDRESS:
12. CITY, ST, ZIP: Change Addition
13. TITLE: Change Addition
14. NAME:
15. STREET ADDRESS:
16. CITY, ST, ZIP: Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *John P. D. Crist* **John P. D. Crist** 1/30/96 813-725-4323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

CR2E034 (12/95)