

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 21 1997 8:00am
Secretary of State

DOCUMENT # **429089** (6)

1. Corporation Name
CHRISTIAN DUPLICATIONS INTERNATIONAL, INC.



Principal Place of Business

**1710 LEE ROAD
ORLANDO FL 32810-5340**

Mailing Address

**1710 LEE ROAD
ORLANDO FL 32810-5340**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

06/25/1973

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1447403

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**TURNER, R.B.
109 SATSUMA DRIVE
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0532 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

Signature type for printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

**C
TURNER, R. B.
109 SATSUMA DRIVE
ALTAMONTE SPRG. FL**

12.2 TITLE ☐ DELETE

**V
TURNER, RUBY B.
109 SATSUMA DRIVE
ALTAMONTE SPRG. FL**

12.3 TITLE ☐ DELETE

**P
WORK, JANET
2521 THICKET RIDGE
LONGWOOD FL**

12.4 TITLE ☐ DELETE

12.5 TITLE ☐ DELETE

12.6 TITLE ☐ DELETE

12.7 TITLE ☐ DELETE

12.8 TITLE ☐ DELETE

12.9 TITLE ☐ DELETE

12.10 TITLE ☐ DELETE

12.11 TITLE ☐ DELETE

12.12 TITLE ☐ DELETE

12.13 TITLE ☐ DELETE

12.14 TITLE ☐ DELETE

12.15 TITLE ☐ DELETE

12.16 TITLE ☐ DELETE

12.17 TITLE ☐ DELETE

12.18 TITLE ☐ DELETE

12.19 TITLE ☐ DELETE

12.20 TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 CITY - ST - ZIP

13.10 CITY - ST - ZIP

13.11 CITY - ST - ZIP

13.12 CITY - ST - ZIP

13.13 CITY - ST - ZIP

13.14 CITY - ST - ZIP

13.15 CITY - ST - ZIP

13.16 CITY - ST - ZIP

13.17 CITY - ST - ZIP

13.18 CITY - ST - ZIP

13.19 CITY - ST - ZIP

13.20 CITY - ST - ZIP

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.

SIGNATURE:

Janet Work
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 March 97
Date

407-298-6612
Daytime Phone #

CR2E034 (9/96)