

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
TALLAHASSEE, FLORIDA 32301-0001

APPROVED
AND
FILED

DOCUMENT # 607922

(2)

NAUTICAL SYSTEMS, INC.

JUN 17 1995 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation	Mailing Address		
416 SW 62ND AVE. HOLLYWOOD FL 33023	416 SW 62ND AVE. HOLLYWOOD FL 33023		
2. Principal Place of Business		2a. Mailing Address	
21 Suite Apt. # etc	26 Suite Apt. # etc	27 City & State	28 City & State
24 25		29	30
9. Name and Address of Current Registered Agent			
WISMAN, GLENN T 416 SW 62 AVE. HOLLYWOOD FL 33023			

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3b. Date of Last Report
01/25/1979	06/16/1994
4. FEI Number	
59-1879163	
5. Certificate of Status, Described	
<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	
<input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has authority to transact business under the laws of Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 107.04(2) and 607.12(6), Florida Statutes, the above named corporation submits the 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 acknowledge the appointment as registered agent, I am familiar with and accept the obligations of Section 607.12(6), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10	
Officer / Director	Name Street Address City, St., Zip	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer / Director	Name Street Address City, St., Zip	5. NAME 6. NAME 7. STREET ADDRESS 8. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer / Director	Name Street Address City, St., Zip	9. NAME 10. NAME 11. STREET ADDRESS 12. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer / Director	Name Street Address City, St., Zip	13. NAME 14. NAME 15. STREET ADDRESS 16. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer / Director	Name Street Address City, St., Zip	17. NAME 18. NAME 19. STREET ADDRESS 20. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer / Director	Name Street Address City, St., Zip	21. NAME 22. NAME 23. STREET ADDRESS 24. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, certify that the information supplied with this filing is voluntarily furnished and done out of good faith for the corporation stated in Section 107.04(2), Florida Statutes. I further certify that the information reflected on the 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 trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1c or Block 3c if changed or on an attachment with an asterisk.

SIGNATURE: *Glenin T. Wisman* 5-19-95 (305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

525-2411
copy received

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TICKET & STAMP
SECRETARY OF STATE
TALLAHASSEE, FL 32304-3500, USA

DOCUMENT # 609240

(7)

1. Incorporation Date:

CHRISTENSEN HOME BUILDERS, INC.

RECEIVED
FILED
MAY 15 1995

TALLAHASSEE, FLORIDA

1. Name of Corporation	Mailing Address		
5327 COMMERCIAL WAY SUITE D119 SPRING HILL FL 34606 US	5327 COMMERCIAL WAY SUITE D 119 SPRING HILL FL 34606 US		
2. Name of Person in Charge		3a. Mailing Address	
21		26	
Scout Apt # 100		Scout Apt # 100	
22		27	
Offc. & Title	City & State		
23		28	
24	Country	25	Address
		29	30
B. This corporation has liability for intangible tax under § 1092.D.D. Florida Statues. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

(Please Write in This Space)

3. Date Incorporated/Chartered 4a. Date of Last Report
02/08/1979 04/08/1994

4. FEI Number Applied For
59-1910550 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

7. This corporation has liability for intangible tax under § 1092.D.D.
Florida Statues. Yes No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City <input type="checkbox"/> FL <input checked="" type="checkbox"/> No Castle

11. I, the signatory of this document, declare that I am a Florida Statute - the above named corporation submits this statement if the purpose of changing its registered office or residence is to do so in the State of Florida because I was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with Chapter 1092 of the Florida Statutes.

Signature

12. OFFICER, AGENT AND DIRECTOR

13. Additional Officer, Agent or Director

131	V	131		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
132	CHRISTENSEN, JORGEN B 4467 JACONA HERNANDO BCH, FL 00000	132		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
133	ST	133		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
134	CHRISTENSEN, LYNDIA N 13044 BRIDAL PATH BROOKSVILLE FL	134		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
135	P	135		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
136	CHRISTENSEN, PREBEN B 13044 BRIDAL PATH BROOKSVILLE FL	136		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
137		137		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
138		138		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
139		139		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
140		140		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
141		141		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
142		142		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
143		143		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
144		144		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
145		145		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
146		146		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
147		147		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
148		148		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
149		149		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
150		150		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
151		151		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
152		152		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
153		153		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
154		154		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
155		155		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
156		156		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
157		157		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
158		158		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
159		159		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
160		160		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
161		161		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
162		162		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
163		163		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
164		164		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
165		165		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
166		166		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
167		167		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
168		168		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
169		169		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
170		170		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
171		171		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
172		172		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
173		173		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
174		174		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
175		175		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
176		176		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
177		177		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
178		178		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
179		179		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
180		180		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
181		181		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
182		182		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
183		183		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
184		184		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
185		185		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
186		186		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
187		187		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
188		188		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
189		189		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
190		190		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
191		191		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
192		192		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
193		193		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
194		194		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
195		195		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
196		196		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
197		197		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
198		198		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
199		199		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
200		200		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
201		201		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
202		202		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
203		203		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
204		204		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
205		205		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
206		206		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
207		207		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
208		208		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
209		209		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
210		210		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
211		211		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
212		212		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
213		213		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
214		214		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
215		215		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
216		216		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
217		217		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
218		218		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
219		219		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
220		220		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
221		221		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
222		222		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
223		223		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
224		224		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
225		225		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
226		226		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
227		227		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
228		228		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
229		229		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
230		230		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
231		231		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
232		232		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
233		233		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
234		234		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
235		235		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
236		236		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
237		237		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
238		238		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
239		239		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
240		240		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
241		241		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
242		242		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
243		243		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
244		244		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
245		245		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
246		246		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
247		247		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
248		248		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
249		249		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
250		250		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
251		251		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
252		252		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
253		253		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
254		254		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
255		255		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
256		256		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
257		257		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
258		258		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
259		259		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
260		260		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
261		261		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
262		262		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
263		263		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
264		264		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
265		265		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
266		266		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
267		267		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
268		268		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
269		269		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
270		270		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
271		271		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
272		272		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
273		273		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
274		274		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
275		275		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
276		276		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
277		277		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
278		278		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
279		279		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
280		280		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
281		281		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
282		282		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
283		283		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
284		284		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
285		285		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
286		286		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
287		287		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
288		288		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
289		289		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
290		290		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
291		291		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
292		292		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
293		293		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
294		294		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
295		295		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
296		296		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
297		297		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
298		298		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
299		299		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
300		300		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
301		301		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
302		302		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
303		303		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
304		304		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
305		305		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
306		306		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
307		307		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
308		308		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
309		309		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
310		310		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
311	</td				