

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

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 627488 (0)
1. Corporation Name
CHRISTENSEN HARDWARE SERVICES, INC.

Principal Place of Business
4053 PETERS ROAD
PLANTATION FL 33317
US

Mailing Address
4053 PETERS ROAD
PLANTATION FL 33317
US



DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/26/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1919238	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHRISTENSEN, ROBERT 4053 PETERS ROAD PLANTATION FL 33317		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, ROBERT	1.2 NAME	
STREET ADDRESS	2175 NOVA VILLAGE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, BARBARA	2.2 NAME	
STREET ADDRESS	2175 NOVA VILLAGE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, CARY BLAKE	3.2 NAME	D VP
STREET ADDRESS	2175 NOVA VILLAGE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, CAROLL L.	4.2 NAME	D ASST SEC
STREET ADDRESS	2175 NOVA VILLAGE DR.	4.3 STREET ADDRESS	CAROLL C SHREVES
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D ASST TRES
STREET ADDRESS		5.3 STREET ADDRESS	KADA J CHRISTENSEN
CITY-ST-ZIP		5.4 CITY-ST-ZIP	2175 NOVA VILLAGE DR
TITLE		6.1 TITLE	DAVIE, FL
NAME		6.2 NAME	D ASST VP
STREET ADDRESS		6.3 STREET ADDRESS	R TODD SHREVES
CITY-ST-ZIP		6.4 CITY-ST-ZIP	2175 NOVA VILLAGE DR

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3-11-98 954-583-2500

CR2E034 (10/97)