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FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90019 049 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 627488

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

3. Date Incorporated or Qualified

06/26/1979

4. FEI Number

59-1919238

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE	P	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, ROBERT	
STREET ADDRESS	2175 NOVA VILLAGE DR.	
CITY-ST-ZIP	DAVIE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, BARBARA	
STREET ADDRESS	2175 NOVA VILLAGE DR.	
CITY-ST-ZIP	DAVIE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTENSEN, CARY BLAKE	
STREET ADDRESS	2175 NOVA VILLAGE DR.	
CITY-ST-ZIP	DAVIE FL	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	SHREVES, CAROLL C	
STREET ADDRESS	2175 NOVA VILLAGE DR.	
CITY-ST-ZIP	DAVIE FL	
TITLE	DAT	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, KADA J	
STREET ADDRESS	2175 NOVA VILLAGE DR	
CITY-ST-ZIP	DAVIE FL	
TITLE	DAVP	<input type="checkbox"/> DELETE
NAME	SHREVES, R TODD	
STREET ADDRESS	2175 NOVA VILLAGE DR	
CITY-ST-ZIP	DAVIE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12-

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4053 Peters Road
1.4 CITY-ST-ZIP	Plantation, FL 33317
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4053 Peters Road
2.4 CITY-ST-ZIP	Plantation, FL 33317
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DECEASED
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4053 Peters Road
4.4 CITY-ST-ZIP	Plantation, FL 33317
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	4053 Peters Road
5.4 CITY-ST-ZIP	Plantation, FL 33317
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	4053 Peters Road
6.4 CITY-ST-ZIP	Plantation, FL 33317

14. I 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, with all other like empowered.

SIGNATURE: *Carroll C. Shreves* **Carroll C. Shreves** 4-7-99 954-583-2558
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)