

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 24 1997 8:00am
Secretary of State

DOCUMENT # F95000002931 (2)

1. Corporation Name

CHRISTIE DESIGN CORPORATION



Principal Place of Business

Mailing Address

9424 ETON AVE UNIT J
CHATSWORTH CA 91311

CHRISTIE DESIGN CORP
2950 LAKE MARY BLVD
LAKE MARY FL 32745
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1995

3a. Date of Last Report

07/11/1996

4. FEI Number

59-3308472

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 527 Stone Road

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

22 None

23 City & State

23 Benecia, CA

27 City & State

28

24 Zip

24 94510

Country

25 USA

29 Zip

29

Country

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

TITLE DCEO ☐ DELETE

NAME BORCHARDT, ROBERT H
STREET ADDRESS 2950 LAKE EMMA RD
CITY-ST-ZIP LAKE MARY FL 32746

TITLE DS ☐ DELETE

NAME MONT, STUART
STREET ADDRESS 2950 LAKE EMMA RD
CITY-ST-ZIP LAKE MARY FL 32746

TITLE T ☐ DELETE

NAME MASSOT, JOSEPH
STREET ADDRESS 2950 LAKE EMMA RD
CITY-ST-ZIP LAKE MARY FL 32746

TITLE P ☐ DELETE

NAME CHRISTIE, CARY
STREET ADDRESS 9424 ETON AVE UNIT J
CITY-ST-ZIP CHATSWORTH CA

TITLE V ☐ DELETE

NAME WESSELL, JAY
STREET ADDRESS 9241 ETON AVE UNIT J
CITY-ST-ZIP CHATSWORTH CA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

CR2E034 (4/97)