

**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.)**

**FILED  
Jul 24 1997 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F95000002931 (2)**  
1. Corporation Name  
**CHRISTIE DESIGN CORPORATION**



Principal Place of Business <b>9424 ETON AVE UNIT J CHATSWORTH CA 91311</b>	Mailing Address <b>CHRISTIE DESIGN CORP 2950 LAKE MARY BLVD LAKE MARY FL 32745 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>527 Stone Road</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <b>None</b>	Suite, Apt. #, etc. 27
City & State 23 <b>Benecia, CA</b>	City & State 28
Zip 24 <b>94510</b>	Country 25 <b>USA</b>

3. Date Incorporated or Qualified <b>06/16/1995</b>	3a. Date of Last Report <b>07/11/1996</b>
4. FEI Number <b>59-3308472</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
85 Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DCEO</b>	<input type="checkbox"/> DELETE
NAME	<b>BORCHARDT, ROBERT H</b>	
STREET ADDRESS	<b>2950 LAKE EMMA RD</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>MONT, STUART</b>	
STREET ADDRESS	<b>2950 LAKE EMMA RD</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MASSOT, JOSEPH</b>	
STREET ADDRESS	<b>2950 LAKE EMMA RD</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CHRISTIE, CARY</b>	
STREET ADDRESS	<b>9424 ETON AVE UNIT J</b>	
CITY-ST-ZIP	<b>CHATSWORTH CA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WESSELL, JAY</b>	
STREET ADDRESS	<b>9241 ETON AVE UNIT J</b>	
CITY-ST-ZIP	<b>CHATSWORTH CA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

*Joseph H. Massot 7/18/97*

CR2E034 (4/97)