

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90058 035 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000002931**

1. Corporation Name

**CHRISTIE DESIGN CORPORATION**

Principal Place of Business

527 STONE ROAD  
BENECIA CA 94510  
US

Mailing Address

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**

4. FEI Number

**59-3308472**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP  
**DS MONT, STUART  
2950 LAKE EMMA RD  
LAKE MARY FL 32746** ☐ DELETE

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP  
**T MASSOT, JOSEPH  
2950 LAKE EMMA RD  
LAKE MARY FL 32746** ☐ DELETE

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP  
**P CHRISTIE, CARY  
9424 ETON AVE UNIT J  
CHATSWORTH CA** ☐ DELETE

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP  
**V WESSELL, JAY  
9241 ETON AVE UNIT J  
CHATSWORTH CA** ☒ DELETE

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP  
**D/S/V** ☒ Change ☐ Addition

3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP  
**P/D** ☒ Change ☐ Addition

5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/13/99**  
Date

**407-333-8900**  
Daytime Phone #

CR2E034 (11/98)