

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<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # F95000002931**

1. Corporation Name  
**CHRISTIE DESIGN CORPORATION**



|   |  |
|---|--|
| Principal Place of Business<br>527 STONE ROAD<br>BENECIA CA 94510<br>US | Mailing Address<br>CHRISTIE DESIGN CORP<br>2950 LAKE MARY BLVD<br>LAKE MARY FL 32745<br>US |
|---|--|

DO NOT WRITE IN THIS SPACE

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
| Zip<br>29                            | Country<br>30             |

|   |   |
|---|---|
| 3. Date Incorporated or Qualified<br><b>06/16/1995</b>                          | Applied For<br><input type="checkbox"/>                             |
| 4. FEI Number<br><b>59-3308472</b>  | Not Applicable<br><input type="checkbox"/>                          |
| 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 the current year Intangible Personal Property Tax.     | <input checked="" type="checkbox"/> Yes <input 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   | <b>FL</b> |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | DCEO <input type="checkbox"/> DELETE         | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| NAME                       | BORCHARDT, ROBERT H                          | 1.2 NAME  |   |
| STREET ADDRESS             | 2950 LAKE EMMA RD                            | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LAKE MARY FL 32746                           | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DS <input type="checkbox"/> DELETE           | 2.1 TITLE   | <b>D/S/V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MONT, STUART                                 | 2.2 NAME  |   |
| STREET ADDRESS             | 2950 LAKE EMMA RD                            | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LAKE MARY FL 32746                           | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | T <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| NAME                       | MASSOT, JOSEPH                               | 3.2 NAME  |   |
| STREET ADDRESS             | 2950 LAKE EMMA RD                            | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LAKE MARY FL 32746                           | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | P <input type="checkbox"/> DELETE            | 4.1 TITLE   | <b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | CHRISTIE, CARY                               | 4.2 NAME  |   |
| STREET ADDRESS             | 9424 ETON AVE UNIT J                         | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CHATSWORTH CA                                | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V <input checked="" type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| NAME                       | WESSELL, JAY                                 | 5.2 NAME  |   |
| STREET ADDRESS             | 9241 ETON AVE UNIT J                         | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CHATSWORTH CA                                | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |   |

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: Joseph Massot 1/13/99 407-333-8900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)