

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F97953** (6)

1. Corporation Name

CHRISHAWN ASSOCIATES, INC.



Principal Place of Business

**MANASOTA INDUSTRIAL PARK
4693 19TH STREET COURT EAST
BRADENTON FL 34203**

Mailing Address

**MANASOTA INDUSTRIAL PARK
4693 19TH STREET COURT EAST
BRADENTON FL 34203**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**CASO, GEORGE
307 69TH STREET, NW
BRADENTON FL 34209**

3. Date Incorporated or Qualified

09/02/1982

3a. Date of Last Report

04/21/1995

4. FFI Number

57-0694360

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 first filed)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DT ANGELI, LINDA**
STREET ADDRESS **1121 PALMA SOLA BLVD.**
CITY-STATE-ZIP **BRADENTON, FL 00000**

TITLE ☐ DELETE
NAME **DP ANGELI, ALEXANDER**
STREET ADDRESS **1121 PALMA SOLA BLVD.**
CITY-STATE-ZIP **BRADENTON, FL 00000**

TITLE ☐ DELETE
NAME **DS CASO, DONNA R**
STREET ADDRESS **307 69TH ST, NW**
CITY-STATE-ZIP **BRADENTON, FL 00000**

TITLE ☐ DELETE
NAME **DC CASO, GEORGE W**
STREET ADDRESS **307 69TH ST, NW**
CITY-STATE-ZIP **BRADENTON, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 holder of, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96 (941) 715-2254

CR2E034 (12/95)