

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 AM 10:13

DOCUMENT # **H56968** (1)  
1. Corporation Name  
**CRISTEF MANAGEMENT COMPANY**

Principal Place of Business Mailing Address  
**9800 4TH STREET NORTH SUITE 211 ST. PETERSBURG FL 33702**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 9800 4TH STREET NORTH		26 9800 4TH STREET NORTH		05/13/1985	04/19/1994
22 Suite, Apt. #, etc. SUITE 200		27 Suite, Apt. #, etc. SUITE 200		4. FEI Number	Applied For
23 ST. PETERSBURG, FL		28 ST. PETERSBURG, FL		59-2524991	Not Applicable
24 33702		25 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 33702		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 33702		30 USA		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CUSHMAN THOMAS R. LEFTER, CUSHMAN & WILKINSON, P.A. 696 1ST AVENUE NORTH, STE 201 ST. PETERSBURG FL 33701				81 Name	G. BARRY WILKINSON		
				82 Street Address (P.O. Box Number is Not Acceptable)	696 FIRST AVENUE NORTH, SUITE 201		
				83			
				84 City	ST. PETERSBURG	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 publications of, Section 607.05, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 1/12/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/S/T/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARKER, FRANK M.	1.2 NAME	BARKER, FRANK M.
STREET ADDRESS	9800 4TH ST. NORTH, SUITE 211	1.3 STREET ADDRESS	9800 4TH STREET NORTH, SUITE 200
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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)(a), 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; the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* FRANK M. BARKER 01/12/95 (813) 577-9733