


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

6/12

FILED
Jul 12, 2000 8:00 am
Secretary of State

06-12-2000 90042 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 2000				FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H76013 1. Corporation Name CHRISTINE'S FURNITURE, INC.					
Principal Place of Business 610 INGRAHAM AVENUE HAINES CITY FL 33844			Mailing Address 610 INGRAHAM AVENUE HAINES CITY FL 33844		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/16/1985 4. FEI Number 59-2584921 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BAKER, CHRISTINE 5509 BAKER AVENUE HAINES CITY FL 33844			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date of appointment (Date) for address and signature required when registering</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, CHRISTINE		12 NAME		
STREET ADDRESS	5509 BAKER AVE		13 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		14 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COTTON, SHEILA		22 NAME		
STREET ADDRESS	800 GRACE AVENUE		23 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		24 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, CARRY		32 NAME		
STREET ADDRESS	5509 BAKER AVE		33 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		34 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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: _____

Date

Daytime Phone

Attachment
D# H76013

106 729

Christine's Furniture Inc.

610 Ingraham Avenue
Haines City, FL 33844

Phone 863/422-3626 • Fax 863/422-4589

June 2, 2000

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern;

We unfortunately did not receive the 2000 Annual Return. We were instructed by someone in your help department to photocopy our 1999 return, change the 1999 to 2000, then sign and send back with a check for the \$150.00 and give explanation that we never received the 2000 return.

Had it not been for our accountant asking if we had already filed this we would not even be aware of this situation. We ask for your understanding and our apologies, but obviously something out of our control.

Cordially,



Garry Baker

gb/ST